

FILED
Aug 04, 2005 8:00 am
Secretary of State

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07-13-2005 90012 045 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000010904			
1. Entity Name MR. RODGERS HOOD FOUNDATION, INC.			
Principal Place of Business % BERGMAN, SPIEWAK, GOTTESMAN & CO., P.A. 8211 WEST BROWARD BVD., SUITE 440 PLANTATION, FL 33324		Mailing Address % BERGMAN, SPIEWAK, GOTTESMAN & CO., P.A. 8211 WEST BROWARD BVD., SUITE 440 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, JOSEPH 11661 WEST ATLANTIC BLVD. #1003 CORAL SPRINGS, FL 33077		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinitiating)			
DATE _____			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGERS, DERRICK 3216 WEST ESPLANADE AVE PMB 281 METAIRIE, LA 700021667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rodgers, Derrick 5550 SW 192 TH SW Ranches, FL 33332 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGERS, KAREFF 3216 WEST ESPLANADE AVE PMB 281 METAIRIE, LA 700021667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rodgers, Kareff 5550 SW 192 TH SW Ranches, FL 33332 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOE ASST. 11661 WEST ATLANTIC BLVD. #1003 CORAL SPRINGS, FL 330771667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Derrick A. Rodgers</u>		7/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	