


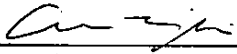
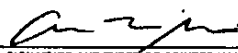
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/2/2005-90983-018-\$61.25-\$61.25

FILED

05 JUN -7 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|---|--|---|
| DOCUMENT # N04000012028 | |  | |
| 1. Entity Name THE BISK FAMILY FOUNDATION, INC. | | | |
| Principal Place of Business CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 | | Mailing Address CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 | |
| 2. Principal Place of Business 9417 Princess Palm Ave Suite, Apt. #, etc. Suite 400 City & State Tampa FL Zip 33619 Country USA | | 3. Mailing Address 9417 Princess Palm Ave Suite, Apt. #, etc. Suite 400 City & State Tampa FL Zip 33619 Country USA | |
| 4. FEI Number | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 04262005 Chg-NP CR2E037 (10/03) | |
| 8. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 | | 7. Name and Address of New Registered Agent Name Alison L. Bisk Street Address (P.O. Box Number is Not Acceptable) 9417 Princess Palm Ave, Suite 400 City Tampa FL Zip Code 33619 | |
| 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  | | DATE 6/3/05 | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BISK, NATHAN M 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BISK, BARBARA 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BISK, ALISON L 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BISK, MICHAEL 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | DATE 4/28/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |