

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012101

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: BLBF&G FOUNDATION, INC.

**Current Principal Place of Business:**

909 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

909 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 84-1671326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEBOEUF, DEAN R  
909 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEBOEUF, DEAN R  
Address: 909 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: GWARTNEY, SCOTT  
Address: 909 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: FOSTER, MATTHEW K  
Address: 909 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: BENNETT, RHONDA  
Address: 909 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN LEBOEUF

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date