


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N06073	
1. Entity Name THE ASHINGTON-PICKETT FOUNDATION, INC.	

Principal Place of Business 1307 MONTCALM ST ORLANDO, FL 32806 US	Mailing Address 1307 MONTCALM STREET ORLANDO, FL 32806-7055 US
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01302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2489531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASHINGTON-PICKETT, MICHAEL D. 1307 MONTCALM STREET ORLANDO, FL 32806
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IN THIS SPACE**

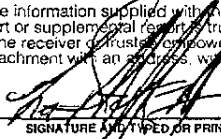
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>	DATE: _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ASHINGTON-PICKETT, M. 1307 MONTCALM STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ASHINGTON-PICKETT, S. 1307 MONTCALM STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHINGTON-PICKETT II, MICHAEL 1307 MONTCALM STREET ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHINGTON-PICKETT, CLAIRE 1307 MONTCALM STREET ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/05-80125-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  M.D. ASHINGTON-PICKETT	1-21-05 407 851 1929
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>