


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

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N10230 1. Entity Name THE BANYAN FOUNDATION, INC.	
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Principal Place of Business P.O. BOX 24168 TAMPA, FL 33623-4168	Mailing Address P.O. BOX 24168 TAMPA, FL 33623-4168
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DO NOT WRITE IN THIS SPACE



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2578626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent COPPAGE, REESE 5300 W. CYPRESS ST. SUITE 150 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refiled) 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	U00000299014 04/11/05-80091-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COPPAGE, REESE 1112 CULBREATH ISLE DR. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COPPAGE, MARTHA ANN 1112 CULBREATH ISLE DR. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS MERLIN, H STEPHEN 3350 RIVERWOOD PKWY STE 1600 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: *Martha Ann Coppage* **813-281-0091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARTHA ANN COPPAGE, SECRETARY