

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11601

FILED
Jan 14, 2005
Secretary of State

Entity Name: MUNROE FOUNDATION, INC.

Current Principal Place of Business:

1101 SW 1ST AVE
STE 203
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4349
OCALA, FL 344784349 US

New Mailing Address:

FEI Number: 59-2649773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, SHARON A
1101 SW 1ST AVE
STE 203
OCALA, FL 34474 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: TC () Delete
Name: JOHNSON, LOIS
Address: 1956 SE WESTBROOK CT
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: FONTAINE, JANE
Address: 1308 SE 25TH LOOP STE 101
City-St-Zip: OCALA, FL 34471

Title: VC () Delete
Name: BROWN, CONNIE E
Address: 4040 SE 3RD STREET
City-St-Zip: OCALA, FL 344713105

Title: S (X) Delete
Name: PLUNKETT, OLIVER
Address: P.O. BOX 1057
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: PLUNKETT, OLIVER
Address: P.O. BOX 1057
City-St-Zip: OCALA, FL 34478

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: LOIS JOHNSON

TC

01/14/2005

Electronic Signature of Signing Officer or Director

Date