

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18530

FILED
Apr 27, 2005
Secretary of State

Entity Name: TALPALAR FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2229 SMULLIAN TR
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-2758034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE, FL 32256 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: PDS () Delete
Name: TALPALAR, BEN,
Address: 2229 SMULLIAN TRAIL
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: TALPALAR, MARK,
Address: 2229 SMULLIAN TRAIL
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: TALPALAR, JOAN G.,
Address: 2229 SMULLIAN TRAIL
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: TALPALAR, BEN,
Address: 2229 SMULLIAN TRAIL
City-St-Zip: JACKSONVILLE, FL

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: BEN TALPALAR

PDS

04/27/2005

Electronic Signature of Signing Officer or Director

Date