


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

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N18559 1. Entity Name JAMES AND DEBORAH PIOWATY FOUNDATION, INC.	
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Principal Place of Business % JAMES W. PIOWATY 8005 SOUTH INDIAN RIVER DRIVE FT. PIERCE, FL 34982	Mailing Address % JAMES W. PIOWATY 8005 SOUTH INDIAN RIVER DRIVE FT. PIERCE, FL 34982
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03012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6875805	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent PIOWATY, JAMES W. 8005 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34982

DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

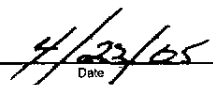
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIOWATY, JAMES W. 8005 SOUTH INDIAN RVR.DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOWATY, DEBORAH 8005 S. INDIAN RIVER DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONE, SABREY L. 1063 SW 25TH PL. BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDRICK, KATHLEEN A. 759 RIO VISTA DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOWATY, SUSAN D. 127 SPRINGTOWN RD NEW PALTZ, NY 12561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UN00000328931 04/25/05-80096-024 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date **4/23/05** Daytime Phone # _____