


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N23112</b>		
1. Entity Name <b>WATSON CENTER FOUNDATION, INC.</b>		
Principal Place of Business <b>6925 112 CIR N S103 LARGO, FL 33773 US</b>	Mailing Address <b>6925 112 CIR N S103 LARGO, FL 33773 US</b>	



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2857561</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SARNO, DR. MARK 8657 LONGWOOD DRIVE LARGO, FL 33777-1310</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (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	SD NEILSON, JAMIE 905 BARBER DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, MURIEL 200 LAKE AVE. NE, #409 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VC FOLLO, TAMMY 2874 WESCOTT DRIVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VCD HENTER, TED 8335 37TH AVE. N. SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB SARNO, MARK 8657 LONGWOOD DRIVE LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMES, STACY 100 2ND AVE. S. SAINT PETERSBURG, FL 33701

**DO NOT WRITE 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)(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: DANIEL J. Mann, PRESIDENT** *[Signature]* **3/4/05 727-544-4433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #