2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# N29263

Entity Name: MILEPOSTS FOUNDATION, INC.

Current Principal Place of Business:

932 BUNKER VIEW DR.
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66
RUSKIN, FL 33570 US

New Mailing Address:

FEI Number: 59-2933951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, COLIN
932 BUNKER VIEW DR.
APOLLO BEACH, FL 33572 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:	DP	( ) Delete
Name:	HARRIS, COLIN	
Address:	932 BUNKER VIEW DR.	
City-St-Zip:	APOLLO BEACH, FL 33572 US	
Title:	D	( ) Delete
Name:	REEVES, FRANK	
Address:	3191 LAKE SAXON DR	
City-St-Zip:	LAND O'LAKES, FL 34639	
Title:	VP	( ) Delete
Name:	HAYES, MARY	
Address:	28 BAYMEADOW CT.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	MURRAY, CHRISTOPHER	
Address:	185 LAKE MORTON DR., APT. O	
City-St-Zip:	LAKELAND, FL 33801	
Title:	T	( ) Delete
Name:	CLAYTON, KARLA	
Address:	1307 OHIO	
City-St-Zip:	PLANT CITY, FL 33566	

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:	
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: COLIN HARRIS DP 01/19/2005

Electronic Signature of Signing Officer or Director — Date