


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

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N30929  
 1. Entity Name  
 RUTH M. FOY CHARITABLE FOUNDATION, INC.



Principal Place of Business      Mailing Address  
 2900-2 S. TAMiami TR      2900-2 S. TAMiami TR  
 SARASOTA, FL 34239 US      SARASOTA, FL 34239 US



04212005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0102106      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DRABIK, ROBERT F.  
 2900 S TAMiami TRAIL  
 SARASOTA, FL 34239

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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	D
NAME	CUNNINGTON, WILLIAM E
STREET ADDRESS	124 VINTAGE CT.
CITY - ST - ZIP	PAWLEYS ISLAND, SC 29585
TITLE	D
NAME	COWLES, KENNETH C
STREET ADDRESS	4312 BENT TREE BLVD
CITY - ST - ZIP	SARASOTA, FL 34241
TITLE	PD
NAME	DRABIK, ROBERT F.
STREET ADDRESS	1313 S. LAKE SHORE DR.
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	DRABIK, PATRICIA
STREET ADDRESS	1313 S. LAKE SHORE DR.
CITY - ST - ZIP	SARASOTA, FL
TITLE	TD
NAME	MENCHINGER, THOMAS
STREET ADDRESS	4316 ARDALE
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/29/05-80003-016 61.25

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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)(f), 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: Thomas A. Melchinger      THOMAS A. MELCHINGER      4/26/05      941-366-5646  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #