2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35629

FILED Jan 03, 2005 Secretary of State

Entity Name: BETTER BUSINESS BUREAU FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

151 S. WYMORE ROAD SUITE 100

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

151 S. WYMORE ROAD SUITE 100

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 65-0201060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEPPER, JUDY 151 S WYMORE RD SUITE 100 ALTAMONTE SPRINGS, FL 32714 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Ager

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 PEPPER, JUDY
 Name:

 Address:
 151 S. WYMORE ROAD SUITE 100
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714 US
 City-St-Zip:

Name: DON, LACERRA Name: DON, LACERRA

Address: 911 S ORLANDO AVE Address: 151 S WYMORE RD. #100

City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

 $\label{eq:title: C () Delete Title: D (X) Change () Addition} \end{minipage}$

 Name:
 MILLER, WILLIAM
 Name:
 HEDRICK, JUDD

 Address:
 108 ROBIN RD
 Address:
 151 S WYMORE RD. #100

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: JUDY PEPPER PD 01/03/2005