

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

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90023 050 ****61.25

DOCUMENT # N41232

1. Entity Name
FRIENDS OF "SEAGATE" INC.



Principal Place of Business
653 SOUTH ORANGE AVENUE
P O BOX 2340
SARASOTA, FL 34230-2340 US

Mailing Address
PO BOX 2340
SARASOTA, FL 34230-2340 US

50055289



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0212312

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIMES, CALEB J
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	BENZ, KAFI
STREET ADDRESS	13084 AIRGATE
CITY - ST - ZIP	SARASOTA, FL
TITLE	VST
NAME	DELOACH, A. E
STREET ADDRESS	428 EDWARDS DRIVE
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	MULDOWNEY, LORRIE
STREET ADDRESS	428 EDWARDS DRIVE
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #