

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42233

FILED
Mar 30, 2005
Secretary of State

Entity Name: THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Current Principal Place of Business:

106 E COLLEGE AVE
820
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

106 E COLLEGE AVE
SUITE 820
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3052307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRIFFITH, SHARON
3311 VAILLAN CT.
TALLAHASSEE, FL 32312 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: T () Delete
Name: AMORES, ELADIO A
Address: TAMPA INTERNATIONAL AIRPORT, SUITE A-24
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: BONSUK, FLORENCE M
Address: 4410 LACEY OAK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL

Title: SD () Delete
Name: DOLAN, JAMES P
Address: 3556 SILVERY LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VCD () Delete
Name: SMITH, JAMES L
Address: 205 SW 75TH ATREET APT 3F
City-St-Zip: GAINESVILLE, FL 32607

Title: CD () Delete
Name: MCNENNEY, DENNIS A
Address: 11819 SW 78TH STREET APT 3F
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: PALLANGO, BRIDGET R
Address: 14130 S. BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33161

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:

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: FLORENCE SEILER, CHAIR

MS.

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date