


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

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90003 019 \*\*\*\*61.25

**DOCUMENT # N43449**  
 1. Entity Name  
**THE RUTH MUNCE FOUNDATION, INC.**



Principal Place of Business <b>415 2ND STREET          INDIAN ROCKS BEACH, FL 33785 US</b>	Mailing Address <b>C/O G.M. MUNCE, CPA          641 BRYN MAWR STREET          ORLANDO, FL 32804 US</b>
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**50054302**



06232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3075055</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNCE, ROBERT L  
 415 2ND STREET  
 INDIAN ROCKS BEACH, FL 33785**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	D SPEER, LYNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNCE, ROBERT 415 2ND STREET INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNCE, G M 641 BRYN MAWR STREET ORLANDO, FL 32804
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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)(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: G M Munce **G M MUNCE** 6/27/05 407 843-2601  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #