


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N44633</b><br>1. Entity Name<br><b>JAMES F. MULLEN MEMORIAL FUND, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>910 CONTENTO STREET<br/>SARASOTA, FL 34242</b> | Mailing Address<br><b>910 CONTENTO STREET<br/>SARASOTA, FL 34242</b> |
|--|--|



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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|------------------------------------|--|
| 4. FEI Number<br><b>65-0279577</b> | Applied For<br><input type="checkbox"/> 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**

**COPPINGER, BOIES P., JR.  
910 CONTENTO STREET  
SARASOTA, FL 34242**

**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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STULTS, ELWIN M., III<br>4436 CALLE SERENA<br>SARASOTA, FL 34238        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>COPPINGER, BOIES P., JR.<br>910 CONTENTO ST.<br>SARASOTA, FL 342421816 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>STONE, JOHN A<br>377 REDWOOD ROAD<br>VENICE, FL 34293                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MCLEOD, BENJAMIN F<br>3722 TORREY PINES BLVD<br>SARASOTA, FL 34238      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ALBERTSON, DON L<br>4136 WOODVIEW DRIVE<br>SARASOTA, FL 34232           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/20/05-80006-013 61.25

**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 filing empowered.

**SIGNATURE:** \_\_\_\_\_

**Boies P. Coppinger, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/6/05 941 349-1719**