## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46442

FILED Jun 02, 2005 Secretary of State

Entity Name: ANNA FERTIC FOUNDATION INC.

Current F	Principal Place of Business:	New Principal Place of Business:
	MIMS RD FL 32732 US	3654 NORTH CR 426 GENEVA, FL 32732 US
Current N	Mailing Address:	New Mailing Address:
P.O. BOX OVIEDO,	621171 FL 32762 US	
	r: 59-3096507 FEI Number Applied For ( nce with s. 607.193(2)(b), F.S., the corporation of	
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
520 OLD	RF, JOHN J MIMS RD FL 32732 US	ASENDORF, JOHN J 3654 NORTH CR 426 OVIEDO, FL 32732 US
	e named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or bo
n the Stat	te of Florida.	the purpose of changing its registered office or registered agent, or bo 06/02/2005
n the Stat	te of Florida.	06/02/2005
n the Stat SIGNATU	te of Florida. É	06/02/2005
n the Stat  SIGNATU  DFFICER  Title:  Jame:  Address:	te of Florida.  RE:  Electronic Signature of Registered	06/02/2005 d Agent Date
n the Stat SIGNATU	te of Florida.  IRE:  Electronic Signature of Registered  S AND DIRECTORS:  PSD () Delete CLAY P. COSSABOOM, 2570 OLD MIMS RD	06/02/2005  d Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition Name: Address:
n the State  BIGNATU  DFFICER  Title: lame: kddress: City-St-Zip:  Title: lame: kddress:	te of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  PSD () Delete CLAY P. COSSABOOM, 2570 OLD MIMS RD GENEVA, FL 32732  VPTD () Delete ASENDORF, JOHN J 520 OLD MIMS RD	O6/02/2005  d Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: VPTD (X) Change ( ) Addition Name: ASENDORF, JOHN J Address: 3654 NORTH CR 426

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: SHIRLEY R. PICKFORD P 06/02/2005