
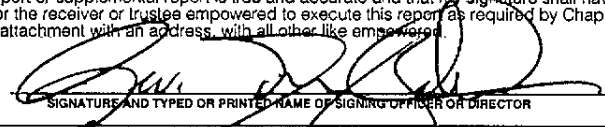


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001222		
1. Entity Name SAINT MICHAEL FOUNDATION, INC.		
Principal Place of Business 3595 BROADWAY FORT MYERS, FL 33901		Mailing Address 3595 BROADWAY FORT MYERS, FL 33901
DO NOT WRITE IN THIS SPACE		
		 01062005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 65-0450903 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ZIEGLER, BOB 3595 BROADWAY FORT MYERS, FL 33901		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 1100000181581 01/18/05-80003-015 61.25 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SITKINS, ROGER 3595 BROADWAY AVE FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZIEGLER, BOB 3595 BROADWAY AVE FT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZEHNDER, JON 3595 BROADWAY AVE FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ORTHMAN, TOM 3595 BROADWAY FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RDOVAN, MARTY 3595 BROADWAY FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSSTON, ROB 3595 BROADWAY FORT MYERS, FL 33901	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/6/05 Daytime Phone # (239) 939-4711