

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90158 049 *****61.25

DOCUMENT # N93000001697 1. Entity Name THE CRAIG AND FLORI ROBERTS FAMILY FOUNDATION, INC.					
Principal Place of Business 1241 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 US			Mailing Address 1241 GULF OF MEXICO DRIVE SUITE 801 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0402203			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERTS, N. CRAIG 1241 GULF OF MEXICO DRIVE SUITE 801 LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name Florence Roberts Street Address (P.O. Box Number is Not Acceptable) 1241 Gulf of Mexico Dr. #801 City Longboat Key FL Zip Code 34228		
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: X Florence Roberts X 4/15/05 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT		TITLE	☐ Change ☐ Addition	
NAME	ROBERTS, N. CRAIG		NAME		
STREET ADDRESS	1211 GULF OF MEXICO DR.		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	☒ Delete		TITLE	☒ Change ☐ Addition	
NAME	ROBERTS, FLORENCE		NAME		
STREET ADDRESS	1211 GULF OF MEXICO DR.		STREET ADDRESS	1241 Gulf of Mexico Dr. #801	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ROBERTS, BRUCE		NAME		
STREET ADDRESS	9 SURREY LANE		STREET ADDRESS		
CITY-ST-ZIP	W. DEAL, NJ 07712		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ROBERTS, DOUGLAS		NAME		
STREET ADDRESS	406 CHANNEL DR.		STREET ADDRESS		
CITY-ST-ZIP	MONMOUTH BEACH, NJ 07750		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: X Florence Roberts X 4/15/05 941-383-3655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					