


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90023 027 \*\*\*\*61.25

<b>DOCUMENT # N93000002355</b>			
1. Entity Name <b>BULLMOOSE HONOR SOCIETY CHARITABLE FOUNDATION, INC.</b>			
Principal Place of Business <b>570 CARILLON PKWY SAINT PETERSBURG FL 33716 US</b>		Mailing Address <b>PO BOX 5068 CLEARWATER FL 33758</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FERRARA, V.R. 611 DRUID RD., STE. 105 CLEARWATER FL 34616</b>		7. Name and Address of New Registered Agent Name <b>Thomas Moriarty</b> Street Address (P.O. Box Number is Not Acceptable) <b>570 Carillon Parkway</b> City <b>ST. Petersburg</b> FL Zip Code <b>33716</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, of the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Thomas Moriarty</b> DATE <b>8/19/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARA, V R 611 DRUID RD, SUITE 105 CLEARWATER FL 34616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Roda 2337 Stone Bridge Dr FLINT, MI 48532 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISER, RONALD B 1532 LONG RD KALAMAZOO MI 49008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARLOW, KENNETH W 570 CARILLON PKWY SAINT PETERSBURG FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Tornaco 43 QUINCY AVE QUINCY, MA 02169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUCKER, BENJAMIN 1400 MERCANTILE LANE STE 214 UPPER MARLBORO MD 20774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, LISA 102 E MAIN STREET ARCOLA IL 61910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent Thomas Moriarty 570 Carillon Parkway ST. Petersburg FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** **Kenneth W. Marlow**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-19-2004** **1805**  
Date Daytime Phone #