

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

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002355

1. Entity Name
**BULLMOOSE HONOR SOCIETY CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**570 CARILLON PKWY
SAINT PETERSBURG, FL 33716 US**

Mailing Address
**PO BOX 5068
CLEARWATER, FL 33758**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3210604	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

**MORIARTY, THOMAS
570 CARILLON PKWY
SAINT PETERSBURG, FL 33716**

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	D RODA, JOHN 2337 STONE BRIDGE DR FLINT, MI 48532
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISER, RONALD B 1532 LONG RD KALAMAZOO, MI 49008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRACO, ROBERT 43 QUINCY AVE QUINCY, MA 02169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUCKER, BENJAMIN 1400 MERCANTILE LANE STE 214 UPPER MARLBORO, MD 20774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYER, LISA 102 E MAIN STREET ARCOLA, IL 61910
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA MORIARTY, THOMAS 570 CARILLON PARKWAY SAINT PETERSBURG, FL 33716

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01/10/05-80087-017 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 like empowered.

SIGNATURE:

Thomas R. Moriarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Moriarty

1/6/05
Date

(727) 299-1837
Daytime Phone #