2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# N93000004650

Entity Name: MICHAEL J. CARMICHAEL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1511 SW 1ST AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3205746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITAKER, SCOTT L.
4653 SW 105TH DRIVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CARMICHAEL, MICHAEL J MD	
Address:	1815 SW 55TH STREET ROAD	
City-St-Zip:	OCALA, FL 34474	
Title:	STD	( ) Delete
Name:	WHITAKER, SCOTT L	
Address:	4653 SW 105TH DRIVE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	VD	( ) Delete
Name:	CARMICHAEL, BECKI E	
Address:	1815 SW 55TH STREET ROAD	
City-St-Zip:	OCALA, FL 34474	
Title:	VD	( ) Delete
Name:	CARMICHAEL, ANDREW J	
Address:	1815 SW 55TH ST RD	
City-St-Zip:	OCALA, FL 34474	
Title:	VD	( ) Delete
Name:	CARMICHAEL, STACI E	
Address:	1815 SW 55TH ST RD	
City-St-Zip:	OCALA, FL 34474	
Title:	VD	( ) Delete
Name:	CARMICHAEL, MICHAEL B	
Address:	1815 SW 55TH ST RD	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MICHAEL CARMICHAEL PD 01/07/2005

Electronic Signature of Signing Officer or Director — Date