

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90052 008 ****61.25

DOCUMENT # N93000005497 1. Entity Name THE UNCOMMON FRIENDS FOUNDATION, INC.					
Principal Place of Business 2115 SECOND STREET #200 FT MYERS, FL 33901 US			Mailing Address PO BOX 811 FT MYERS, FL 33902 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 65-0490124	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EAST, JULIA I 508 CAPA CORAL PKWY W. CAPE CORAL, FL 33914			Name Roth, Arlene Street Address (P.O. Box Number is Not Acceptable) 2617 Nightshade Lane Ft. Myers City FL Zip Code 33905		
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 <u><i>Arlene Roth</i></u> 2/1/05 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	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HUMPHREY, NANCY		NAME		
STREET ADDRESS	1657 MENLO RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MYERS, FRAN		NAME		
STREET ADDRESS	21461 WIDGEON TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WHITLEY, STEVEN R		NAME		
STREET ADDRESS	2075 WEST FIRST ST.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	STILWELL, SANDRA		NAME		
STREET ADDRESS	11509 ANDU ROSSE LANE		STREET ADDRESS		
CITY-ST-ZIP	CAPTIVA, FL 33924		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WESLEY, PERRY		NAME		
STREET ADDRESS	1520 ROYAL PALM SQ #360		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HOOLIHAN, TOM		NAME		
STREET ADDRESS	8001 VINTAGE PKWY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		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: <u><i>Wesley D. Perry</i></u> 2/1/05 259-275-8029 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40013393

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