

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001936

FILED  
Sep 06, 2005  
Secretary of State

Entity Name: ELEVEN FORTY-NINE FOUNDATION, INC.

## Current Principal Place of Business:

50 PINE ISLAND ROAD  
#15  
NORTH FORT MYERS, FL 33903 US

## New Principal Place of Business:

## Current Mailing Address:

50 PINE ISLAND ROAD  
#15  
NORTH FORT MYERS, FL 33903 US

## New Mailing Address:

FEI Number: 65-0488153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCGINN, MICHAEL R  
13180 N CLEVELAND AVE  
#123  
N FT MYERS, FL 33903 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: D ( ) Delete  
Name: TURK, GARY E  
Address: 1714 NE 6TH STREET  
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete  
Name: HAWKEN, ROBERT E  
Address: 5913 UNTERMYER CT  
City-St-Zip: N FT MYERS, FL 33903

Title: DP ( ) Delete  
Name: SMITH, ELDEN  
Address: 8205 SUNCOAST DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S ( ) Delete  
Name: HUTCHISON, MARC  
Address: 1303 SW SANTA BARBARA PL  
City-St-Zip: CAPE CORAL, FL 33991

Title: TR ( ) Delete  
Name: MOSS, PATRICK  
Address: 5229 S.W. 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete  
Name: PUTNAM, TOM  
Address: 10480 STRANGFELLOW RD.  
City-St-Zip: SAINT JAMES CITY, FL 33956

## 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: GARY E. TURK

D

09/06/2005

Electronic Signature of Signing Officer or Director

Date