


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90001 016 \*\*\*\*70.00

<b>DOCUMENT # N94000002122</b> 1. Entity Name <b>SANTA'S COUNCIL FOR NEEDY &amp; ABUSED CHILDREN INC.</b>					
Principal Place of Business <b>2135 BAYOU DR SOUTH RUSKIN, FL 33570 US</b>			Mailing Address <b>4846 SUN CITY CENTER PMB #271 SUN CENTER, FL 33573 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3242287</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CORYELL, WILLIAM J 4846 SUN CITY CENTER PMB #271 SUN CITY CENTER, FL 33573</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>William J. Coryell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-22-2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</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>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CORYELL, KATHARINA G 4846 SUN CITY CENTER BLVD. PMB #271 SUN CITY CENTER, FL 33573 <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	TV SKELTON, ROY 326 N. BELCHER CLEARWATER, FL 33765 <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 NIEBER, HEIDI 8012 FORD PLACE TAMPA, FL 33615 <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 CORYEL, WILLIAM J 4846 SUN CITY CENTER BLVD. PMB #271 SUN CITY CENTER, FL 33573 <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 NIEBER, WALTER 8012 FORD PLACE TAMPA, FL <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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u>KATHARINA G. Coryell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4-22-2005</u> <small>Date</small>	
DAYTIME PHONE # <u>813 641-7888</u> <small>Daytime Phone #</small>					

ATTACHMENT H0085136 4-12-2005

DID NOT Receive Forms for filing  
ANNUAL Report for 2005. Please find  
enclosed check for  $67.25 + 8.25$  for Return  
COPY TOTAL \$70.00

Doc N 94000002122

SANTA'S Council For Needy & ABUSED children INC  
4846 SUN City Center Blvd  
Suite 271  
SUN City Center, FL 33573

All info is still the same AS 2004

I AM Leaving TO go up North. I CAN still  
be Reached AT The ABOVE ADDRESS. They will  
FORWARD my MAIL I JUST DIDNT WANT  
TO be LATE

William J. Coryell Agent

