


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90375 001 \*\*\*\*61.25

<b>DOCUMENT # N94000002456</b>	
1. Entity Name	
THE WILLIAM S. AND ANN D. PEARCE FAMILY FOUNDATION, INC.	

Principal Place of Business	Mailing Address
17920 GULF BLVD #506 REDINGTON SHORES FL 33708	17920 GULF BLVD #506 REDINGTON SHORES FL 33708

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
59-3262254		Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired	
<input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>SKALSKI, JOSEPH C</del> <del>13770 58TH ST N</del> <del>STE. 304</del> <del>CLEARWATER FL 33760</del>		Name: <u>JEFFREY P. SKATES</u> Street Address (P.O. Box Number is Not Acceptable) <u>1028 LAKE SUMTER LANDING</u> City: <u>THE VILLAGES</u> FL Zip Code: <u>32162</u>	

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 [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 4-11-05

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, WILLIAM S	NAME	
STREET ADDRESS	17920 GULF BLVD #506	STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, ANN D	NAME	
STREET ADDRESS	17920 GULF BLVD #506	STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, PAMELA	NAME	
STREET ADDRESS	702 ANTONIA LANE	STREET ADDRESS	
CITY-ST-ZIP	THE VILLAGES FL 32159	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: WILLIAM S. PEARCE DATE: 4-11-05 DAYTIME PHONE #: 352.259-6076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR