

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005099

1. Entity Name
MINUTEMEN FOUNDATION INTERNATIONAL, INC.



Principal Place of Business
**10014 BROWNWOOD AVE
ORLANDO, FL 32825-6622**

Mailing Address
**10014 BROWNWOOD AVE
ORLANDO, FL 32825-6622**



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3272813	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSH, TRAVIS D
10014 BROWNWOOD AVE
ORLANDO, FL 32825-6622**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consulting)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, TRAVIS D 10014 BROWNWOOD AVE ORLANDO, FL 328256622
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSH, EVELYN H 10014 BROWNWOOD AVE ORLANDO, FL 328256622
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOORE, RICHARD C 1995 DIPOL CTWY TITUSVILLE, FL 32780
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/07/05-80033-010 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Travis D. Bush Travis D. BUSH, President **03/04/05 407-275-8240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #