


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

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002754 1. Entity Name FRIAR TUCK'S PHILANTHROPY INC.	
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Principal Place of Business P.O. BOX 810672 BOCA RATON, FL 33481	Mailing Address P.O. BOX 810672 BOCA RATON, FL 33481
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0587423	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAFLEUR, KEN 55 SW 2ND AVE UNIT 411 BOCA RATON, FL 33432

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LAFLEUR, KEN % P.O. BOX 810672 N/A BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARAS, PETE % P.O. BOX 810672 N/A BOCA RATON, FL 33481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPLER, JIM % P.O. BOX 810672 N/A BOCA RATON, FL 33481
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000000322088
04/21/05-80104-020 61.25

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/18/05 <small>Day</small>	5616388809 <small>Daytime Phone #</small>
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