


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003516

1. Entity Name
ROY C. AND SUSAN M. PALMER FAMILY CHARITABLE FOUNDATION, INC.



Principal Place of Business 4423 BAYSHORE ROAD SARASOTA, FL 34234 US	Mailing Address 4423 BAYSHORE ROAD SARASOTA, FL 34236
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03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number **31-1471328** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PALMER, ROY C
 4423 BAYSHORE ROAD
 SARASOTA, FL 34234**

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PTD PALMER, ROY C 4423 BAYSHORE ROAD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PALMER, SUSAN M 4423 BAYSHORE ROAD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAYBOURN, PALMER 4423 BAYSHORE RD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/19/05-80083-023 61.25

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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: Roy C. Palmer Roy C. Palmer 4/14/2005 941-355-19

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #