

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006564

FILED  
Mar 17, 2005  
Secretary of State

**Entity Name:** THE PERRY FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

33 GULF BREEZE DRIVE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

33 GULF BREEZE DRIVE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 59-3429042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERRY, JAMES T JR  
33 GULF BREEZE DRIVE  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TPD ( ) Delete  
Name: PERRY, JAMES T JR  
Address: 33 GULF BREEZE DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL

Title: SD ( ) Delete  
Name: PERRY, JAMES T  
Address: 312 E TENNYSON ST  
City-St-Zip: TECUMSEH, OK

Title: D ( ) Delete  
Name: CONNOLLY, JOSEPH J  
Address: 1515 MARKET ST 9TH FL  
City-St-Zip: PHILADELPHIA, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. PERRY, JR.

TPD

03/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date