


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

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90039 047 \*\*\*\*61.25

<b>DOCUMENT # N97000001411</b>	
<b>1. Entity Name</b> BJ'S FOUNDATION, INC.	

<b>Principal Place of Business</b> 521 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301	<b>Mailing Address</b> 521 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 65-0745280	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CHAMBLISS, LINDA 707 SE THIRD AVE. STE 101 FORT LAUDERDALE FL 33316	
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<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b> ELIZABETH BUNTROCK	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 521 E. LAS OLAS BL	
<b>City</b> FT. LAUDERDALE	<b>FL</b> <b>Zip Code</b> 33301

**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** Elizabeth Buntrock **DATE** 26 Jan 5  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> D	<b>NAME</b> BUNTROCK, ELIZABETH H <input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 521 EAST LAS OLAS BLVD.	
<b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33301	
<b>TITLE</b> D	<b>NAME</b> BUNTROCK, CECILY <input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 521 EAST LAS OLAS BLVD.	
<b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33301	
<b>TITLE</b> D	<b>NAME</b> BUNTROCK, DANA <input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 1242 NO LAKESHORE DRIVE APT 17N	
<b>CITY-ST-ZIP</b> CHICAGO IL 60610	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Elizabeth Buntrock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #