


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

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

DOCUMENT # N97000002392	
1. Entity Name THE ROBERT GILBERT STORYK CHARITABLE FOUNDATION, INC.	

Principal Place of Business 707 CARNOUSTIE TERRACE VENICE FL 34293	Mailing Address 707 CARNOUSTIE TERRACE VENICE FL 34293
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0748481	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STORYK, LESLIE 707 CARNOUSTIE TERRACE VENICE FL 34293	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME STORYK, LESLIE STREET ADDRESS 707 CARNOUSTIE TERRACE CITY-ST-ZIP VENICE FL 34293 <input type="checkbox"/> Delete	TITLE	NAME STORYK, LESLIE STREET ADDRESS 707 CARNOUSTIE TERRACE CITY-ST-ZIP VENICE FL 34293 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	NAME STORYK, RUTH G STREET ADDRESS 707 CARNOUSTIE TERRACE CITY-ST-ZIP VENICE FL 34293 <input type="checkbox"/> Delete	TITLE	NAME STORYK, RUTH G STREET ADDRESS 707 CARNOUSTIE TERRACE CITY-ST-ZIP VENICE FL 34293 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME STORYK, JOHN M. STREET ADDRESS 262 MARTIN AVENUE CITY-ST-ZIP HIGHLAND NY 12528 <input type="checkbox"/> Delete	TITLE	NAME STORYK, JOHN M. STREET ADDRESS 262 MARTIN AVENUE CITY-ST-ZIP HIGHLAND NY 12528 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leslie Storyk* **LESLIE STORYK** *2/17/05* **941-493-4141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #