

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

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002554

1. Entity Name
THE AGNACIAN FOUNDATION, INC.



Principal Place of Business
**5120 WILLOW LEAF DRIVE
SARASOTA, FL 34241**

Mailing Address
**5120 WILLOW LEAF DRIVE
SARASOTA, FL 34241**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0756823

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AGNACIAN, GEORGE N
5120 WILLOW LEAF DRIVE
SARASOTA, FL 34241**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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	D
NAME	AGNACIAN, GEORGE N
STREET ADDRESS	5120 WILLOW LEAF DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	AGNACIAN, JOAN S
STREET ADDRESS	5120 WILLOW LEAF DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	AGNACIAN, GEORGE C
STREET ADDRESS	5120 WILLOW DR.
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80066-025 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)(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: *G. Agnacion* **GEORGE N AGNACIAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05

Date

941-371-6236

Daytime Phone