

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

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90039 044 ****61.25

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1. Entity Name
WEBB FAMILY FOUNDATION, INC.



Principal Place of Business
**2135 WINDWARD WAY
VERO BEACH, FL 32963**

Mailing Address
**2135 WINDWARD WAY
VERO BEACH, FL 32963**

50056107



DO NOT WRITE IN THIS SPACE

07062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
98-0760592

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBB, HELEN L
2135 WINDWARD WAY
VERO BEACH, FL 32963**

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBB, HELEN L
STREET ADDRESS	2135 WINDWARD WAY
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	GOODEMOTE, PATRICIA W
STREET ADDRESS	SCHULTZ HILL ROAD
CITY-ST-ZIP	RHINEBECK, NY 12572
TITLE	D
NAME	WEBB, JOHN C JR
STREET ADDRESS	SCHULTZ HILL ROAD 470 CEDAR HILL ROAD
CITY-ST-ZIP	RHINEBECK, NY 12572 FISHKILL, NY 12524
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Helen L Webb - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *7/9/05* 518-352-7792
Daytime Phone #