

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

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N97000002846**

1. Entity Name  
**THE ROBERT P. AND PATRICIA J BAUMAN FAMILY  
FOUNDATION, INC.**



Principal Place of Business  
**6720 S.E. HARBOR CIRCLE  
STUART, FL 33494**

Mailing Address  
**6720 S.E. HARBOR CIRCLE  
STUART, FL 34996 US**



**DO NOT WRITE IN THIS SPACE**

04222005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**31-1535223**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BAUMAN, ROBERT P  
6720 S.E. HARBOR CIRCLE  
STUART, FL 33494**

**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 file 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 **BAUMAN, ROBERT P**  
STREET ADDRESS **6720 S.E. HARBOR CIRCLE**  
CITY-ST-ZIP **STUART, FL 33494**

TITLE **D**  
NAME **MCVEY, JOHN**  
STREET ADDRESS **123 MAIN STREET**  
CITY-ST-ZIP **WHITE PLAINS, NY 10602**

TITLE **D**  
NAME **BAUMAN, ELIZABETH H**  
STREET ADDRESS **22 GREAT HILL ROAD**  
CITY-ST-ZIP **KENNEBUNK, ME 04043**

TITLE **D**  
NAME **BAUMAN, JOHN N**  
STREET ADDRESS **2061/2 GREGORY BLVD**  
CITY-ST-ZIP **EAST NORWALK, CT 06855**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000346459  
04/30/05-80077-007 61.25

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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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN MCVEY**

**4-26-05**

**914-421-8024**

Date

Daytime Phone #