


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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90138 021 ****70.00

DOCUMENT # N97000002988 1. Entity Name RAYMUND FOUNDATION, INC.	
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Principal Place of Business 5350 TECH DATA DR. CLEARWATER, FL 33760	Mailing Address 5350 TECH DATA DR. CLEARWATER, FL 33760
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04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3447494	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RAYMUND, STEVEN A 5350 TECH DATA DR. CLEARWATER, FL 33760
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**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 NAME STREET ADDRESS CITY-ST-ZIP	DPST RAYMUND, STEVEN A 5350 TECH DATA DR. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAYMUND, SONIA V 5350 TECH DATA DR. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAYMUND, KAREN 5350 TECH DATA DR. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

727-538-7000

Daytime Phone #