

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004953

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE OTS FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 17166
SARASOTA, FL 34276 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17166
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 36-4049629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENEIX, LINDA C
4396 WINNERS CIRCLE #2614
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

ENEIX, LINDA C
3307 92ND AVE. EAST
PARRISH, FL 34219 US

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.

SIGNATURE:

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENEIX, LINDA C
Address: PO BOX 17166
City-St-Zip: SARASOTA, FL 34276

Title: STD () Delete
Name: ENEIX, LAURIE D
Address: PO BOX 17166
City-St-Zip: SARASOTA, FL 34276

Title: D () Delete
Name: EVENSON, JUDY
Address: 4864 SABAL LAKE CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: V () Delete
Name: PORTELLI, JOSETTE
Address: SILKWOOD TRIO-IL-HEMEL
City-St-Zip: SWEIQL, MALTA, EUROPE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. ENEIX

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date