

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90019 033 \*\*\*\*61.25

**DOCUMENT # N97000005349**

1. Entity Name  
**THE BOND FOUNDATION, INC.**



Principal Place of Business  
**800 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

Mailing Address  
**800 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

**50012160**



02012005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3468830**

Applied For  
Not Applicable

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

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

**BLAKESLEE, DEREK  
800 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE P ☐ Delete  
NAME **BLAKESLEE, DEREK**  
STREET ADDRESS **230 N HIGHLAND AVE**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE D ☐ Delete  
NAME **BLAKESLEE, ANN G**  
STREET ADDRESS **230 N HIGHLAND AVE**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE D ☐ Delete  
NAME **WINGATE, DON**  
STREET ADDRESS **P.O BOX 6**  
CITY-ST-ZIP **KILLARNEY, FL 34740**

TITLE D ☐ Delete  
NAME **WINGATE, CAROLE**  
STREET ADDRESS **P.O BOX 6**  
CITY-ST-ZIP **KILLARNEY, FL 34740**

TITLE D ☐ Delete  
NAME **GRIFFITH, MARK**  
STREET ADDRESS **P.O BOX 770284**  
CITY-ST-ZIP **WINTER GARDEN, FL 34777**

TITLE D ☐ Delete  
NAME **STANFORD, GINNIE**  
STREET ADDRESS **90 VANIERMERE ST.**  
CITY-ST-ZIP **OAKLAND, FL 34760**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D ☐ Change ☒ Addition  
NAME **GRIFFITH, ALDEN**  
STREET ADDRESS **P.O. BOX 770284**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/05**

Date

**407-666-6611**

Daytime Phone #