


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

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005531
1. Entity Name
SCOTT MICHAEL RUDD FOUNDATION, INC.



Principal Place of Business: **8177 NW 1ST STREET
CORAL SPRINGS, FL 33071**
Mailing Address: **8177 NW 1ST STREET
CORAL SPRINGS, FL 33071**

DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **NOT APPLICABLE** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**RUDD, MARK J
8177 NW 1ST STREET
CORAL SPRINGS, FL 33071**

**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: _____ (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 | PD |
| NAME | RUDD, MARK |
| STREET ADDRESS | 8177 N.W. 1ST STREET |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | SD |
| NAME | RUDD, BETTY |
| STREET ADDRESS | 8177 N.W. 1ST STREET |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | VD |
| NAME | RUDD, FRANCINE |
| STREET ADDRESS | 8177 N.W. 1ST STREET |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | VD |
| NAME | RUDD, HENRY |
| STREET ADDRESS | 8177 NW 1ST STREET |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000312121
04/18/05-80072-012 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)(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: Betty S. Rudd - Trust. 4-14-05 954-755-646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #