


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006675 1. Entity Name THE COLLEEN A. GRIFFIN CHARITABLE FOUNDATION, INC.					
Principal Place of Business 3905 AVENIDA MADERA BRADENTON FL 34210				Mailing Address 3905 AVENIDA MADERA BRADENTON FL 34210	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number	
GRIFFIN, MELVIN W 3905 AVENIDA MADERA BRADENTON FL 34210				65-0798233	
7. Name and Address of New Registered Agent				Applied For <input type="checkbox"/> Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, MELVIN		NAME	000000194893	
STREET ADDRESS	3905 AVENIDA MADERA		STREET ADDRESS	01/26/05-80004-025 61.25	
CITY-ST-ZIP	BRADENTON FL 34210		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, BRUCE		NAME		
STREET ADDRESS	29 HOLLYDENE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SCARBOROUGH ON m1-l2aa		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, RICHARD		NAME		
STREET ADDRESS	2088 LUMBERMAN LANE		STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE ON l6-m2z1		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LORNA M		NAME		
STREET ADDRESS	24 WILD ROSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CALGARY AB t3-z3j9		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, DAVID		NAME		
STREET ADDRESS	959 GABLEHURST CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	PICKERING, ON, CAN. L1V5G6		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <u>Melvin W Griffin</u> MELVIN W GRIFFIN <u>JAN 20/05</u> <u>(941) 752-1153</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E037 (10/04)