


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

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000006679  
 1. Entity Name  
 FYFE FAMILY FOUNDATION, INC.



Principal Place of Business  
 105 NEW YORK AVE  
 LYNN HAVEN, FL 32444

Mailing Address  
 105 NEW YORK AVE  
 LYNN HAVEN, FL 32444



04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 31-1579575

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HARE, DIANE C CPA  
 2589 JENKS AVE  
 PANAMA CITY, FL 32405

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1000000344255  
 04/29/05-80129-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECK, KAREN F
STREET ADDRESS	105 NEW YORK AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	LOTANE, ROBIN F
STREET ADDRESS	1213 HALIFAX CT
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	DUSSEAULT, BRIAN
STREET ADDRESS	624 BEACHCOMBER DR
CITY-ST-ZIP	LYNN HAVEN, FL 32444
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)(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: Karen Beck Karen Beck president 4/29/05 850-814-9513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #