2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N98000000494

Entity Name: GARY L. FORMET MEMORIAL TRUST FUND, INC.

Current Principal Place of Business:

1215 MONTCALM ST.
ORLANDO, FL 32806

New Principal Place of Business:

1118 LAKE WILLISARA CIR
ORLANDO, FL 32806

Current Mailing Address:

1215 MONTCALM ST.
ORLANDO, FL 32806

New Mailing Address:

1118 LAKE WILLISARA CIR
ORLANDO, FL 32806

FEI Number: 59-3500845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORMET, JANE C
1215 MONTCALM ST.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

HESS, MIKE E CPA
2876 OLD CASTLE DR
WINTER PARK, FL 32792 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: MIKE HESS, CPA 04/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FORMET, JANE C
Address: 1215 MONTCALM ST.
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: PRICHER, NORMAN C
Address: 1560 N. ORANGE AVE., STE 600
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: WOHLUST, CHARLES G
Address: 778 MCINTYRE AVE.
City-St-Zip: WINTER PARK, FL 32787

Title: D ( ) Delete
Name: ANDERSON, JENNIFER F
Address: 2998 EGLINGTON
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FORMET, JANE C
Address: 1118 LAKE WILLIASA CIR
City-St-Zip: ORLANDO, FL 32806

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

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

Title: D (X) Change ( ) Addition
Name: ANDERSON, JENNIFER F
Address: 3060 EGLINGTON DRIVE
City-St-Zip: ORLANDO, FL 32806

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: JANE C. FORMET DIR 04/13/2005
Electronic Signature of Signing Officer or Director Date