2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N98000001099

Entity Name: DOUGLASS RYAN BLOSSER FOUNDATION, INC.

Current Principal Place of Business:

552547TH CT. E.
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

PO BOX 50425
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0809500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOSSER, GREG
8351 BOLEYN RD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLOSSER, BRENT
Address: P O BOX 50425
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: BLOSSER, GREG
Address: P O BOX 50425
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: BLOSSER, CINDY
Address: P O BOX 50425
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: BLOSSER, DARRELL
Address: P O BOX 50425
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: BLOSSER, DARRYL
Address: P O BOX 50425
City-St-Zip: SARASOTA, FL 34232

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: BRENT BLOSSER D 04/28/2005

Electronic Signature of Signing Officer or Director — Date