

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001791

FILED
Apr 21, 2005
Secretary of State

Entity Name: THE RUSTY BULLOCK FOUNDATION, INC.

Current Principal Place of Business:

191 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

191 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-3501304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISEMAN, TIMOTHY R
191 GREENFIELD ROAD
WINTER HAVEN, FL 33884 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: BULLOCK, KATHY
Address: 5124 WASHINGTON STREET
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: BULLOCK, PHILLIP
Address: 5124 WASHINGTON STREET
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: SCHWARZE, JOHN
Address: 202 LA CASA
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: RODDEN, GREG
Address: 13895 HWY 27
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: WISEMAN, TIM
Address: 191 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BULLOCK, KATHY
Address: 5124 WASHINGTON STREET
City-St-Zip: LAKE WALES, FL 33859

Title: DP (X) Change () Addition
Name: BULLOCK, PHILLIP
Address: 5124 WASHINGTON STREET
City-St-Zip: LAKE WALES, FL 33859

Title: D (X) Change () Addition
Name: SCHWARZE, JOHN
Address: 202 LA CASA
City-St-Zip: LAKE WALES, FL 33898

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

Title: DST (X) Change () Addition
Name: WISEMAN, TIM
Address: 191 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

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: TIMOTHY R. WISEMAN

DST

04/21/2005

Electronic Signature of Signing Officer or Director

Date