2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002434 MARK TWAIN ASSOCIATION, INC.



40061363 Principal Place of Business Mailing Address 2831 RINGLING BLVD 2831 RINGLING BLVD 218F 218F SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For 65-0831028 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALL FLORIDA SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BLVD STE 218F SARASOTA, FL 34237 City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, DT ☐ Delete TITLE Addition TITLE BISHOP, GERALD NAME NAME 2831 RINGLING BLVD 218F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME LAWSON, FONTAINE NAME 2831 RINGLING BLVD STE 218F STREET ADDRESS STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE RICHOZ, ARTHUR NAME NAME 2831 RINGLING BLVD STE 218F STREET ADDRESS STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP CITY-ST-ZIP VD Change ☐ Addition TITLE ☐ Delete THOMPSON, GORDON NAME STREET ADDRESS 2831 RINGLING BLVD STE 218F STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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)(i), 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:

FILED

Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90375 038 ****61.25