2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002727

FILED Feb 01, 2005 Secretary of State

Entity Name: THE TOWE FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1301 RIVERPLACE BLVD., STE. 2640 JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 1301 RIVERPLACE BLVD., STE. 2640 JACKSONVILLE, FL 32207 FEI Number: 59-3509411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, KENNETH G 1301 RIVERPLACE BLVD., STE. 2640 JACKSONVILLE, FL 32207 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DST () Change () Addition () Delete TOWE, ROLF H Name: Name: 63 ROCKWOOD LANE Address: Address: City-St-Zip: GREENWICH, CT 06830 City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: TOWE, NEELY P Name: Address: 63 ROCKWOOD LANE Address: City-St-Zip: GREENWICH, CT 06830 City-St-Zip: Title: () Delete Title: (X) Change () Addition TOWE, CHRISTOPHER W Name: TOWE, CHRISTOPHER W Name: 63 ROCKWOOD LANE 315 EAST 68TH STREET, APARTMENT 9A Address: Address: City-St-Zip: GREENWICH, CT 06830 City-St-Zip: NEW YORK, NY 10022 Title: DV () Delete Title: () Change () Addition TOWE EGAN, N. ANNE Name: Name: Address: 4211 YACHT CLUB ROAD Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:

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: ROLF H. TOWE DST 02/01/2005