

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003068

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** THE GEORGE AND HELEN FOX FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

5129 CASTELLO DR., SUITE 1  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

5129 CASTELLO DR., SUITE 1  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 65-0842864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLLMAN, EDWARD E  
5129 CASTELLO DR., SUITE 1  
NAPLES, FL 34103 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: DPS ( ) Delete  
Name: FOX, MERRILL ANN  
Address: 20450 KINGHTSBRIDGE RD  
City-St-Zip: SHOREWOOD, MN 55331

Title: DVP ( ) Delete  
Name: SANDERS, JULIE F  
Address: 20495 LINDEN RD  
City-St-Zip: DEEPHAVEN, MN 55331

Title: DT ( ) Delete  
Name: FOX, HELEN M  
Address: 682 KATEMORE LANE  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: WOLLMAN, EDWARD E  
Address: 5129 CASTELLO DR STE 1  
City-St-Zip: NAPLES, FL 34103

**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: ( ) Change ( ) Addition  
Name:  
Address:  
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: MERRILL ANN FOX

DPS

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date