


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003192</b> 1. Entity Name <b>CHARLES AND JEAN WOODSBY PRIVATE FOUNDATION, INC.</b>	
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Principal Place of Business <b>1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837</b>	Mailing Address <b>1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837</b>
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01202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3515126</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DARMOC, DENNIS 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODSBY, CHARLES 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODSBY, JEAN 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, DENNIS 1650 W 82ND ST, SUITE 1100 BLOOMINGTON, MN 55431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DARMOC, DENNIS 1260 CENTRAL FLORIDA PKWY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000350327  
05/02/05-80100-011 \$1.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dennis P Darmac 4/19/05 407-851-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone