


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003781 1. Entity Name RAMSEUR FAMILY FOUNDATION, INC.	
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Principal Place of Business 803 BEN LOMOND DR. TEMPLE TERR., FL 33617	Mailing Address 803 BEN LOMOND DR. TEMPLE TERR., FL 33617
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3522100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAMSEUR, HENRY M
803 BEN LOMOND DR.
TEMPLE TERR., FL 33617

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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMSEUR, HENRY M 803 BEN LOMOND DR. TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMSEUR, JOHN M 803 BEN LOMOND DR. TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMSEUR, SUSAN M 803 BEN LOMOND DR. TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMSEUR, JEANNE M 803 BEN LOMOND DR. TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000292148
04/07/05-80058-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Henry M Ramsey Pres. 4.4.05 813 988 1346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

HENRY RAMSEUR