

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004274

1. Entity Name

THE VALENTINE CHARITABLE FOUNDATION, INC.



Principal Place of Business

FOUR ISLE RIDGE WEST
HOBE SOUND FL 33455

Mailing Address

FOUR ISLE RIDGE WEST
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

22-3603584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, AUDREY I
FOUR ISLE RIDGE WEST
HOBE SOUND FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, AUDREY I	
STREET ADDRESS	FOUR ISLE RIDGE WEST	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, PETER	
STREET ADDRESS	THOMSON RD	
CITY- ST- ZIP	CHARLOTTESVILLE VA 22903	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, SANDRA C	
STREET ADDRESS	606 EAST DRIVE	
CITY- ST- ZIP	SEWICKLEY PA 15143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY- ST- ZIP		

U00000358442
05/04/05-80115-004 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Audrey I Clark Audrey I. Clark

4/28/05

772-546-4957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #