

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

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005453

1. Entity Name

TONY FERNANDEZ FOUNDATION, INC.



Principal Place of Business

3200 N MILITARY TR, STE 201
BOCA RATON, FL 33431 US

Mailing Address

3200 N MILITARY TR, STE 201
BOCA RATON, FL 33431 US



01132005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865503

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAIR, SHAWNE
3200 N MILITARY TR, STE 201
BOCA RATON, FL 33431

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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

Signature, typed or printed name of registered agent and title if applicable.

(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.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FERNANDEZ, OCTAVIO A
STREET ADDRESS 3200 N. MILITARY TRAIL #201
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME FERNANDEZ, CLARA
STREET ADDRESS 3200 N. MILITARY TRAIL #201
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME BOYKIN, PASTOR
STREET ADDRESS 1300 NW 4TH AVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D
NAME BLAIR, SHAWNE
STREET ADDRESS 3200 N. MILITARY TRAIL 3201
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000183858
01/20/05-80006-017 61.25

**DO NOT WRITE
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #