

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

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90107 040 \*\*\*\*61.25

**DOCUMENT # N98000005794**  
1. Entity Name  
**MARSHALL E. RINKER, SR. FOUNDATION, INC.**



Principal Place of Business <b>310 OKEECHOBEE BLVD. SUITE 100 WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>310 OKEECHOBEE BLVD. SUITE 100 WEST PALM BEACH, FL 33401 US</b>
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**20033235**



04042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0871532</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BREMER, PAUL C  
310 OKEECHOBEE BLVD  
SUITE 100  
WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_

**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	PD RINKER, DAVID B 310 OKEECHOBEE BLVD., SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RINKER, LEIGHAN R 310 OKEECHOBEE BLVD., SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BREMER, PAUL C 310 OKEECHOBEE BLVD, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISER, MARSHALL M 100 NW 20TH ST., ROOM 204 GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD S 505 S FLAGLER DRIVE STE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

**4/10/05**  
Date

**561 8359200**  
Daytime Phone #