
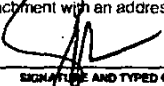


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90288 001 ****30.62
03-16-2005 90288 002 ****30.63

DOCUMENT # N98000006772					
1. Entity Name THE PEKINGESE CHARITABLE FOUNDATION, INC.					
Principal Place of Business 938 FEATHER DRIVE DELTONA, FL 32725			Mailing Address 938 FEATHER DRIVE DELTONA, FL 32725		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0875790	
				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			7. Name and Address of New Registered Agent		
SHEPARD, KENTON A CPA 205 N. WOODLAND BLVD. DELAND, FL 32725			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 _____ (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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DVP.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, WILLIAM		NAME		
STREET ADDRESS	38 ALPINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06830		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAVES, THOMAS K DVM		NAME	SECRETARY SYLVIA REZNICK	
STREET ADDRESS	605 ELIOT DRIVE		STREET ADDRESS	1560 Hawth Heath Rd	
CITY-ST-ZIP	URBANA, IL 61801		CITY-ST-ZIP	Hewlett, NY 11557	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHULTZ, LEONIE M		NAME	DIRECTOR CAROL KNIEBUSCH-NOE	
STREET ADDRESS	19726 RAINBOW RIDGE RD		STREET ADDRESS	9142 Old Country Rd	
CITY-ST-ZIP	BERGTON, VA 228119720		CITY-ST-ZIP	Grothoes, VA 24441	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPARD, SUSAN		NAME	TREASURER	
STREET ADDRESS	938 FEATHER DR		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, ELIZABETH T		NAME		
STREET ADDRESS	240 SHERMANTOWN RD		STREET ADDRESS		
CITY-ST-ZIP	SAUNDERSTOWN, RI 02374		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		SUSAN SHEPARD		3/13/05 (407) 230-9086	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	