

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000799

FILED  
Mar 03, 2005  
Secretary of State

**Entity Name:** THE FUND FOR THE FLORIDA CENTER FOR CHILD AND FAMILY DEVELOPMENT, INC.

**Current Principal Place of Business:**

4620 17TH STREET  
SARASOTA, FL 34235 US

**New Principal Place of Business:**

**Current Mailing Address:**

4620 17TH STREET  
SARASOTA, FL 34235 US

**New Mailing Address:**

**FEI Number:** 65-1027375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ERB, CALVIN W  
3148A SOUTHGATE CIRCLE  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CH ( ) Delete  
Name: DART, TOM  
Address: 1415 N. LAKESHORE DR  
City-St-Zip: SARASOTA, FL 34231

Title: VCH ( ) Delete  
Name: BUFFETT, TOM  
Address: 683 MOURNING DOVE DR  
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete  
Name: CALDWELL, KELLY  
Address: 201 CENTER ROAD  
City-St-Zip: VENICE, FL 34292

Title: TR ( ) Delete  
Name: SUPLEE, RAY  
Address: 800 SOUTH OSPREY  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM DART

CH

03/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date