2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002709

1. Entity Name
ROBERT FIELD BULLOCK FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O JOHN S. BOHATCH, ESQ. 2600 DOUGLAS ROAD PH-8 CORAL GABLES, FL 33134	C/O JOHN S. BOHATCH, ESQ. 2600 DOUGLAS ROAD PH-8 CORAL GABLES, FL 33134

01242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0934427
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQ
2600 DOUGLAS ROAD PH-8
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	BOHATCH, JOHN S ESQ
STREET ADDRESS	2600 DOUGLAS ROAD PH-8
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	GUTTENMACHER, EDWARD P ESQ
STREET ADDRESS	2600 DOUGLAS ROAD PH-8
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	VOORCHIES, BARBARA K
STREET ADDRESS	10175 KELSEY CREEK DRIVE
CITY-ST-ZIP	KELSEYVILLE, CA 95451
TITLE	D
NAME	VOORCHIES, DAVID
STREET ADDRESS	1276 N WAYNE ST STE 830
CITY-ST-ZIP	ARLINGTON, VA 22201
TITLE	D
NAME	VOORCHIES, THOMAS F
STREET ADDRESS	1446 CALICO LANE
CITY-ST-ZIP	ESCONDIDO, CA 92029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80020-025 61.25

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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: _____ 1/24/05 (305) 442-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #