


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90004 050 ****61.25

DOCUMENT # N99000002916 1. Entity Name BERNARD F. AND MARY ANN POWELL FOUNDATION, INC.	
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Principal Place of Business 1700 GULF BLVD. BELLEAIR SHORES, FL 33786	Mailing Address 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
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50053395



05252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3575091	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 POWELL, BERNARD 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POWELL, BERNARD 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, MARY ANN 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, ROGER A 911 CHESTNUT STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *K Bernard J. Powell* **K 5/31/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #