2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003048

1. Entity Name
VOTUM FOUNDATION, INC.

Principal Place of Business	Mailing Address
PO BOX 832 LAKE WALES, FL 33859	PO BOX 832 LAKE WALES, FL 33859

04262005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3580800
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, RONALD L ESQ.
500 SOUTH FLORIDA AVE.
SUITE 800
LAKELAND, FL 33801

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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

U00000351536
05/02/05-80150-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MAXWELL, LAWRENCE W
STREET ADDRESS	500 S. FLORIDA AVE. SUITE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	VSD
NAME	MAXWELL, ANITA K
STREET ADDRESS	500 S.FLORIDA AVE.SUITE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	MAXWELL, LAWRENCE T
STREET ADDRESS	500 S FLORIDA AVE.SUITE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	DROST, AMANDA R
STREET ADDRESS	500 S FLORIDA AVE.SUITE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	FALK, BENJAMIN D
STREET ADDRESS	500 S FLORIDA AVE.SUITE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Benjamin D. E. Falk 4/28/05 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #