2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# N99000003077

Entity Name: HAWORTH FOUNDATION, INC.

Current Principal Place of Business:

9003 WINGED FOOT DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

9003 WINGED FOOT DR
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3638266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWORTH, CHARLES T
9003 WINGED FOOT DR
TALLAHASSEE, FL 32312 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: D ( ) Delete
Name: HAWORTH, CHARLES T
Address: 9003 WINGED FOOT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: HAWORTH, JOAN G
Address: 9003 WINGED FOOT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: HAWORTH, CHARLES S
Address: 919 HARBERT ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: HAWORTH, JOHN D
Address: 96 S BEECHWOOD RD
City-St-Zip: NIANTIC, CT 06357

Title: D ( ) Delete
Name: HAWORTH, ANN M
Address: 102 W 85TH ST APT 6G
City-St-Zip: NEW YORK, NY 10024

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:

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: CHARLES T HAWORTH D 02/09/2005

Electronic Signature of Signing Officer or Director — Date