

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003328

FILED
Jan 05, 2005
Secretary of State

Entity Name: PHROGUE FOUNDATION, INC.

Current Principal Place of Business:

4938 ST CROIX DR.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4938 ST CROIX DR.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3629517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BILL D
4938 ST CROIX DR.
TAMPA, FL 33629 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/P () Delete
Name: JOHNSON, BILL D
Address: 4938 ST. CROIX DRIVE
City-St-Zip: TAMPA, FL 33629

Title: D/T () Delete
Name: BOSWELL, G. WILLIAM JR.
Address: 20185 AYRES ROAD
City-St-Zip: BROOKSVILLE, FL 34604

Title: SD () Delete
Name: JOHNSON, MARY LOU
Address: 4938 ST. CROIX DRIVE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: PETERS, DAVID
Address: 2150 GOLDENROD
City-St-Zip: MACUNGIE, PA 18062

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: BILL D. JOHNSON

D/P

01/05/2005

Electronic Signature of Signing Officer or Director

Date