2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT# N99000003703

1. EntityName
VIRGIL AND MARJORY BUMGARNER FOUNDATION FOR THE VISUALLY IMPAIRED, INC.

PrincipalPlaceofBusiness	MailingAddress
611DRUIDROADEASTSUITE717 CLEARWATER,FL33756	611DRUIDROADEASTSUITE717 CLEARWATER,FL33756

DO NOT WRITE IN THIS SPACE

01042005 NoChg-NP CR2E037 (10/03)

4. FEINumber
59-3614475
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

SZABO, BRUCE
611 DRUID ROAD EAST SUITE 717
CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

Filing Fee is $61.25
Due by May 1, 2005

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

U00000255061
03/07/05-80097-018 61.25

10. OFFICERSANDDIRECTORS

TITLE	TD
NAME	REYNOLDS, EUGENE S MD
STREETADDRESS	1551 WEST BAY DRIVE
CITY-ST-ZIP	LARGO, FL 33770
TITLE	TD
NAME	CARROLL, BETH
STREETADDRESS	950 PINE HILL RD
CITY-ST-ZIP	PALM HARBOR, FL 34682
TITLE	T
NAME	SZABO, BRUCE
STREETADDRESS	611 DRUID ROAD EAST SUITE 717
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter617,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 3-4-05
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#