

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005177

FILED
Apr 29, 2005
Secretary of State

Entity Name: DICK AND JANE PLUM FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5129 CASTELLO DR, SUITE 1
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5129 CASTELLO DR, SUITE 1
NAPLES, FL 34103

New Mailing Address:

FEI Number: 31-1686476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DR, SUITE 1
NAPLES, FL 34103 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: DPT () Delete
Name: PLUM, LARRY R
Address: 603 EAGLE VIEW DRIVE
City-St-Zip: MASON, OH 45040

Title: DVP () Delete
Name: PLUM, CHARLES R
Address: 14810 WEST 84TH STREET
City-St-Zip: LENEXA, KS 66215

Title: DST () Delete
Name: PLUM, GLEN T
Address: 4220 EAST 80TH PLACE
City-St-Zip: TULSA, OK 74136

Title: D () Delete
Name: WOLLMAN, EDWARD E
Address: 5129 CASTELLO DRIVE, SUITE 1
City-St-Zip: NAPLES, FL 34103

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: LARRY R. PLUM

DPT

04/29/2005

Electronic Signature of Signing Officer or Director

Date