

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005936

1. Entity Name
COMMON WELFARE SOCIETY, INC.



Principal Place of Business 12006 FT KING RD DADE CITY, FL 33525	Mailing Address 12006 FT KING RD DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-NP CR2E037 (10/03)

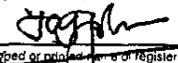
4. FEI Number 20-0231015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN, K T
 12006 FT KING RD
 DADE CITY, FL 33525

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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: 3/8/05

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, K T 12006 FT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, MARY F 12006 FT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, ELIZABETH 12006 FT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, MARY C 12006 FT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, THOMAS 12006 FT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, ROBERT 12006 FT KING RD DADE CITY, FL 33525

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 03/10/05-80025-005 61.25

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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:  DATE: 3/8/05

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #