


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007082 1. Entity Name THE LOUISE BAXTER KING CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432	Mailing Address 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0972297	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 JONES, WENDY H 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OSBORNE, RAY C 798 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD OSBORNE, MARY T 798 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JONES, WENDY 798 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSBOURNE, MOLLY 798 S FEDERAL HIGHWAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/03/05-80048-013 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)(f), 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: Wendy H. Jones 2/1/05 561-355-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #