



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007406 1. Entity Name THE WILLIAM J. PETERMAN CHARITABLE FOUNDATION FOR INJURED UNITED STATES SERVICEMEN AND					
Principal Place of Business 900 E. OCEAN BLVD.,STE.210-B STUART FL 34994		Mailing Address 900 E. OCEAN BLVD.,STE.210-B STUART FL 34994			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 65-0969777		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARVIN, WESLEY R ESQ. 900 E. OCEAN BLVD.,STE.210-B STUART FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>			<small>(NOTE: Registered Agent signature required when restateing)</small>		
FILE NOW: 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	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANZIANO, ROBERT T 900 E OCEAN BLVD STE 210-B STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000285500 04/02/05-80047-017 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVIN, WESLEY R 900 E OCEAN BLVD STE 210-B STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OBRIEN, KRISTINE A 900 E OCEAN BLVD STE 210-B STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVIN, WESLEY R II 900 E OCEAN BLVD STE 210-B STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Wesley R. Harvin II 5/25/05 772.286.3630					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					