## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007427

FILED Mar 19, 2005 Secretary of State

Entity Name: GARTHWAITE FAMILY FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5801 PELICAN BAY BLVD. #300 NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** P.O. BOX 1388 BONITA SPRINGS, FL 341331388 FEI Number: 59-3612238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUCKEL, ROBERT M 5801 PELICAN BAY BLVD. #300 NAPLES, FL 34108 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARTHWAITE, STEPHEN J Name: Name: 4731 BONITA BAY BLVD., #1003 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GARTHWAITE, JENNIFER A Name: Address: 4731 BONITA BAY BLVD., #1003 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition GARTHWAITE, JONATHAN A Name: Name: 43188 WAYSIDE CIRCLE Address: Address: City-St-Zip: ASHBURN, VA 20147 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: GARTHWAITE, SUSANNA H Name: 5983 TROPHY DRIVE #1501 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition SIMS, J. MICHAEL Name: Name: 4001 TAMIAMI TRAIL NORTH SUITE 350 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: () Change () Addition CLARY, MARY BETH M Name: Name: Address: STE 300 5801 PELICAN BAY BLVD Address: NAPLES, FL 341082709 City-St-Zip: 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: STEPHEN J GARTHWAITE P 03/19/2005