


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

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90247 008 \*\*\*\*61.25

<b>DOCUMENT # N99000007479</b> 1. Entity Name <b>THE MINOTTY FAMILY FOUNDATION, INC.</b>					
Principal Place of Business <del>136 OCEAN WAY</del> <del>VERO BEACH FL 32963</del> <b>195 Seaspray Lane</b> <b>Orchid, FL 32963</b>		Mailing Address <del>136 OCEAN WAY</del> <del>VERO BEACH FL 32963</del> <b>195 Seaspray Lane</b> <b>Orchid, FL 32963</b>			
2. Principal Place of Business <b>195 Seaspray Lane</b> Suite, Apt. #, etc. <b>Orchid, FL</b>		3. Mailing Address <b>195 Seaspray Lane</b> Suite, Apt. #, etc. <b>Orchid, FL</b>			
City & State <del>32963</del> <b>Orchid, FL</b>		City & State <b>Orchid, FL</b>		4. FEI Number <b>59-3613446</b>	
Zip <b>32963</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FENNELL, TODD W</b> <b>979 BEACHLAND BOULEVARD</b> <b>VERO BEACH FL 32963</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Fennell, Todd W.</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MINOTTY, PAUL V</b> <del>136 OCEAN WAY</del> <b>195 Seaspray Lane</b> <del>VERO BEACH FL 32963</del> <b>Orchid, FL 32963</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Addresses</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MINOTTY, DENISE E</b> <del>136 OCEAN WAY</del> <b>195 Seaspray Lane</b> <del>VERO BEACH FL 32963</del> <b>Orchid</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MINOTTY/JULIANNA D</b> <del>136 OCEAN WAY</del> <b>195 Seaspray Lane</b> <del>VERO BEACH FL 32963</del> <b>Orchid</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>minotty-Mendelsohn, Julianna D.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FENNELL, TODD W</b> <b>979 BEACHLAND BLVD.</b> <b>VERO BEACH FL 32963</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MINOTTY, CHRISTINA D</b> <del>136 OCEAN WAY</del> <b>195 Seaspray Lane</b> <del>VERO BEACH FL 32963</del> <b>Orchid</b>		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)(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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	