


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

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006080**  
 1. Entity Name  
**FARRELL FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**11522 WELTERS WAY**      **11522 WELTERS WAY**  
**EDEN PRAIRIE, MN 55347**      **EDEN PRAIRIE, MN 55347**

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-3671115**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOODMAN, KENNETH D**  
**3838 TAMiami TRAIL NORTH, STE. 300**  
**NAPLES, FL 34103**

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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 \_\_\_\_\_  
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

1100000207980  
 02/01/05-80063-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARRELL, FRANK S JR.
STREET ADDRESS	11522 WELTERS WAY
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347
TITLE	D
NAME	FARRELL, ALFRED C
STREET ADDRESS	8900 SW 61 CT
CITY - ST - ZIP	PINECREST, FL 33156
TITLE	D
NAME	RASMUSSEN, MARY J
STREET ADDRESS	231 WEST MAIN STREET
CITY - ST - ZIP	WESTBOROUGH, MA 01581
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Frank S. Farrell Jr.      **Frank S. Farrell Jr.**      612-803-8999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #