

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90016 028 ****61.25

DOCUMENT # 754003

1. Entity Name
CAPE CANAVERAL HOSPITAL FOUNDATION, INC.



Principal Place of Business
701 W COCOA BEACH CAUSEWAY
COCO BEACH, FL 32931 US

Mailing Address
6450 S US HWY 1
CORPORATE LEGAL DEPT
ROCKLEDGE, FL 32955 US

400100 -



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02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2074733

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATHIAS, DAVID E
6450 S US HWY 1
CORPORATE LEGAL DEPT
ROCKLEDGE, FL 32955

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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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARRISON, LARRY F
STREET ADDRESS 6450 S US HWY #1
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE TD
NAME WRIGHT, R.ROY
STREET ADDRESS 6450 S US HWY 1
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE S
NAME MATHIAS, DAVID E
STREET ADDRESS 6450 S US HWY 1
CITY-ST-ZIP ROCKLEDGE, FL 32955

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David E. Mathias* **David E. Mathias, S** *2/17/06* **321/434-4355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #