2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# 771118

Entity Name: THE FOUNDATION FOR THE CHURCH OF THE PALMS - PRESBYTERIAN (U.S.A.), INC.

Current Principal Place of Business:

3224 BEE RIDGE ROAD
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

3224 BEE RIDGE ROAD
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-2434393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLINS, SCOTT
4623 TRAILS DR
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	COLLINS, SCOTT	
Address:	4623 TRAILS DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VD	( ) Delete
Name:	MILLER, BRIAN Y	
Address:	3224 BEE RIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34233	
Title:	TD	( ) Delete
Name:	JONES, HERBERT	
Address:	4274 BOCA POINTE DR	
City-St-Zip:	SARASOTA, FL 34238	
Title:	SD	( ) Delete
Name:	THOMASON, ELIZABETH L	
Address:	3224 BEE RIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34243	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SCOTT COLLINS PD 02/15/2006

Electronic Signature of Signing Officer or Director — Date