## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #802200** 

## FILED Feb 28, 2006 8:00 am Secretary of State

02-28-2006 90017 018 \*\*\*\*61.25

THE BOK		GARDENS FOUN	IDATION, INC.								
Principal Place of Business  BOK TOWER CARDENS  1151 TOWER BLVD  LAKE WALES, FL 33853-3412 US		Mailing Address				50000583					
2. Principal Place of Business Historic Bok Sanctuary			3. Mailing Address Historic Bok Sanctuary			$\neg$					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02172006	Chg-NP	CR2	E037 (11/05)	
City & State		City & State			4. FEI Number Applied FG 23-1352009 Not Applie			pplied For			
Žip		Country	Zip	Cou	ıntry		5. Certificate of	of Status Desired	-	\$8.75 Ad	ditional
	6. Name	and Address of Current	Registered Agent		T		7. Name and	Address of New	Registere	d Agent	
		<u> </u>			Name						
SULLIVAN, ROBERT P 1151 TOWER BLVD. LAKE WALES, FL 33853					Street Address (P.O. Box Number is Not Acceptable)						
					03						
9 The shave					City	<del></del>			_	L Zip Cox	
the obligat	tions of registe	submits this statement for ered agent.	r the purpose of changin	g its register	ed office or re	gistere	ed agent, or both	h, in the State of	Florida. I a	ım tamiliar with	, and accept
SIGNATURE .		or printed name of registered agent	and title if applicable	(NOTE: Desire							
				(MOVE: LANGUESTANCE	o võest sõutime i	required v	when reinstating)		DAT	E	
	_	e is \$61.25 lay 1, 2006	9. Election	Campaign F	inancing	<del></del> -	\$5.00 May Bo	B FI	Make ch	eck payable partment of S	
10.	_		9. Election Trust Fu	Campaign F	inancing	]	\$5.00 May Be Added to Fees	FI	Make ch orida Dej	eck payable partment of S	itate
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12. I hereby certify that the information supplied with this filling 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: Robert P. Sullivan

Solut La Julian

2/17/06

863-638-1408