


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004634
 1. Entity Name
PERKINS FAMILY FOUNDATION, INC.



Principal Place of Business
4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238

Mailing Address
4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-1033882 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DARNELL, ROBERT
2033 MAIN STREET STE 400
SARASOTA, FL 34237

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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 reappointing)

Filing Fee is **\$61.25**
 Due by **May 1, 2006**
ck # 3531

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERKINS, PAUL E
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34238
TITLE	D
NAME	PERKINS, JOY J
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34238
TITLE	D
NAME	PERKINS, BLAIR S
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34238
TITLE	D
NAME	MANUEL, PAULA P
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000389544
 01/20/06-80052-014 61.25

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 title empowered.

SIGNATURE: *Paul E. Perkins* **PAUL E. PERKINS** 4/10/06 941923 8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #