


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004790</b> 1. Entity Name <b>THE PECK FOUNDATION, INC.</b>	
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Principal Place of Business <b>11907 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408</b>	Mailing Address <b>11907 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE      CR2E037 (4/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>52-2271450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**POSNER, MICHAEL J ESQ  
4420 BEACON CIRCLE SUITE 100  
WEST PALM BEACH FL 33407**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW - FEE IS \$61.25  
Due By September 6, 2006**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTT <input type="checkbox"/> Delete <b>PECK, GEORGE</b> <b>11907 TURTLE BEACH ROAD</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input type="checkbox"/> Delete <b>PECK, GEORGE C JR</b> <b>11907 TURTLE BEACH ROAD</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input type="checkbox"/> Delete <b>PECK, RICHARD E</b> <b>11907 TURTLE BEACH ROAD</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input type="checkbox"/> Delete <b>PHILIPS, DEBORAH PECK</b> <b>11907 TURTLE BEACH ROAD</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete <b>POSNER, MICHAEL J</b> <b>11907 TURTLE BEACH ROAD</b> <b>NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000573771 08/07/06-80010-014 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George Peck* **GEORGE PECK PTT 8-2-06** *561-626-1587 winted* *732-449-5696*