

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

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000005921**

1. Entity Name  
**VIGODSKY FAMILY CHARITABLE FOUNDATION, INC.**



Principal Place of Business  
**121 PALAFOX PLACE SUITE D  
PENSACOLA, FL 32502**

Mailing Address  
**PO BOX 12836  
PENSACOLA, FL 32591 US**

**DO NOT WRITE IN THIS SPACE**



03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-1559235</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

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

**VIGODSKY, FRED  
121 PALAFOX PLACE SUITE D  
PENSACOLA, FL 32502**

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IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	D VIGODSKY, FRED 121 PALAFOX PLACE SUITE D PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIGODSKY, BRENDA 121 PALAFOX PLACE SUITE D PENSACOLA, FL 32502
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U00000487352  
04/13/06-80071-022 61.25

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IN THIS SPACE**

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:** *[Signature]* **3/29/06** **850-432-8902**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #