


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011395

1. Entity Name
 FOUNDATION FOR THE SLAL, INC.



Principal Place of Business
 264 MOHAWK ROAD
 CLERMONT, FL 34711

Mailing Address
 264 MOHAWK ROAD
 CLERMONT, FL 34711



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3791766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWYER, BONNY
 264 MOHAWK ROAD
 CLERMONT, FL 34711

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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 _____ (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	P MULLINS, KEITH 640 DREW STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REAGAN, STANLEY 8110 LAKE NELLIE RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIESTLY, BETH 1721 PENZANCE ROAD CLERMONT, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWYER, BONNY 264 MOHAWK ROAD CLERMONT, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/18/06-80039-024 61.25

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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: Bonny Bowyer **BONNY BOWYER** 2/1/06 352 243-1238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #