


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

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 016 ****61.25

DOCUMENT # N05000009481

1. Entity Name
THE TALL PINES CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address

146 ANCHOR DRIVE 146 ANCHOR DRIVE
 VERO BEACH FL 32963 VERO BEACH FL 32963



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
22-2757123 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH C. KEMPE PROFESSIONAL ASSOCIATION
941 N. HIGHWAY A1A
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name **[Signature]**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 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	PSD	<input type="checkbox"/> Delete
NAME	WOOD, CONSTANCE C	
STREET ADDRESS	146 ANCHOR DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	B. ROBERT WOOD	
STREET ADDRESS	146 ANCHOR DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, PETER C	
STREET ADDRESS	1495 GARTH GATE LANE	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLOSSER, WENDY W	
STREET ADDRESS	238 DUNN ROAD	
CITY-ST-ZIP	BELGRADE ME 04917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]** **[Signature]** **[Signature]**