

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2006
Secretary of State**

DOCUMENT# N05000012936

Entity Name: WELLS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

275 SYLVAN BLVD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

275 SYLVAN BLVD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-4003386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, STEPHEN
275 SYLVAN BLVD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLS, STEPHEN
Address: 275 SYLVAN BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WELLS, KRISTI
Address: 275 SYLVAN BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MILLER, ROBERT L
Address: 300 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN WELLS

D

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date