

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010299

FILED
Feb 16, 2012
Secretary of State

Entity Name: DAVIDSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7 SUNRISE CAY DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

7 SUNRISE CAY DRIVE
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 45-3750142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, THOMAS N
7 SUNRISE CAY DRIVE
KEY LARGO, FL 33037 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
Name: DAVIDSON, THOMAS N SR.
Address: 7 SUNRISE CAY DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D
Name: DAVIDSON, SALLY A
Address: 7 SUNRISE CAY DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D
Name: DAVIDSON, THOMAS N JR.
Address: 21 KINGS CROSS DRIVE, KING CITY
City-St-Zip: ONTARIO L7B 1E5, CANADA, FL 33037

Title: D
Name: DAVIDSON, JOHN C
Address: 3875 WINDMILL LAKE ROAD
City-St-Zip: WESTON, FL 33332

Title: D
Name: DAVIDSON, JAMES R
Address: 171 PATRIOT HILL DRIVE
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D
Name: KELLNER, JENNIFER J
Address: 1215 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: THOMAS N. DAVIDSON, SR.

D

02/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date