


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N18363 1. Entity Name THE STRANG FOUNDATION, INC.	
---	---

Principal Place of Business 200 AVE. B N.W. P.O. BOX 194 WINTER HAVEN, FL 33880 US	Mailing Address P.O. BOX 194 P.O. BOX 194 WINTER HAVEN, FL 33882-0194 US
---	---



DO NOT WRITE IN THIS SPACE

04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2842475 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STRANG, CARL J., III
 200 AVE. B., N.W.
 WINTER HAVEN, FL 33881

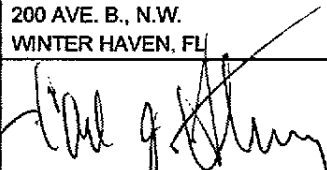
DO NOT WRITE
IN THIS SPACE

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 _____ (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	PD
NAME	STRANG, CARL J. III
STREET ADDRESS	200 AVENUE B., N.W.
CITY- ST- ZIP	WINTER HAVEN, FL
TITLE	VTD
NAME	STRANG, CARL J. JR.
STREET ADDRESS	200 AVENUE B., N.W.
CITY- ST- ZIP	WINTER HAVEN, FL
TITLE	SD
NAME	ROONEY, EVE STRANG
STREET ADDRESS	248 FRENCHMAN'S CREEK
CITY- ST- ZIP	WINTER HAVEN, FL
TITLE	D
NAME	STRANG, JOHN WALTON
STREET ADDRESS	200 AVE. B., N.W.
CITY- ST- ZIP	WINTER HAVEN, FL
TITLE	D
NAME	STRANG, MAX WILSON
STREET ADDRESS	200 AVE. B., N.W.
CITY- ST- ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000538045
05/09/06-80024-020 61.25

DO NOT WRITE
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: 