


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 021 \*\*\*\*70.00

<b>DOCUMENT # N23710</b>					
1. Entity Name LARC FOUNDATION, INC.					
Principal Place of Business 2570 HANSON STREET FORT MYERS, FL 33901			Mailing Address 2570 HANSON STREET FORT MYERS, FL 33901		
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 65-0111745	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADLEY, ROGER 2570 HANSON STREET FORT MYERS, FL 33907			Name		
			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 <u>Roger Bradley</u> <u>ROGER BRADLEY, EXECUTIVE DIRECTOR</u> <u>01/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, ROSS		NAME	D'ALESSANDRO, PETER	
STREET ADDRESS	3955 MCGREGOR BLVD.		STREET ADDRESS	2105 FIRST STREET	
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, ROSS		NAME		
STREET ADDRESS	3594 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, MICHAEL		NAME		
STREET ADDRESS	3136 SE 18TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RANDAL H		NAME		
STREET ADDRESS	15501 BLACKHAWK AR		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSANDRO, PETER		NAME		
STREET ADDRESS	2105 FIRST STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ross Webb</u>			Date: <u>1/18/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>(239) 939-0249</u> <u>(239) 334-6285</u>		

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