

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

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90034 044 \*\*\*\*61.25

**DOCUMENT # N97000000838**

1. Entity Name

ADVOCACY FOUNDATION, INC.



Principal Place of Business

490 N.W. 54TH ST  
MIAMI FL 33101

Mailing Address

PO BOX 610755  
NORTH MIAMI FL 33261



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0753561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

SISKIND, MARTIN  
84 N.W. 42ND ST. (APT. G)  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

301 74th St.

City

SUNNY ISLES

FL

Zip Code

33160

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 constituting)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By September 6, 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 PD ☐ Delete  
NAME SISKIND, MARTIN  
STREET ADDRESS 84 N.W. 42ND ST. (APT. C)  
CITY-ST-ZIP MIAMI FL 33129

TITLE DTS ☐ Delete  
NAME KING, CHARLES B JR.  
STREET ADDRESS 11500 GRIFFING BLVD.  
CITY-ST-ZIP BISCAYNE PARK FL 33161

TITLE D ☐ Delete  
NAME BOULWARE, RICHARD  
STREET ADDRESS 87 MT. WASHINGTON STREET  
CITY-ST-ZIP EVERETT MA 02149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME SISKIND, MARTIN  
STREET ADDRESS 301 74th St.  
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*MARTIN SISKIND* MARTIN SISKIND 8/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #