2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State

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DOCUMENT # N9900001375 1. Entity Name THE CARLOTA BUSCH WEBSTER FOUNDATION, INC.					03	-30-2006	90028 050 ****61	.25	
Principal Place of Business C/O DANIEL A. HANLEY, ESQ. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401		Mailing Address C/O DANIEL A. HANLEY, ESQ. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401					5000722!	5 	
2. Principal Place of Business		3. Mailing Address					i ii co ul coo l (iii)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006 _{CI}	ng-NP	CR2E037 (11/05)		
City & State		City & State			4. FEI Number 65-090344	0		pplied For ot Applicable	
Zip	Country	Zip Cou		ntry	Certificate of Status Desired				
	6. Name and Address of Current F		7. Name and Address of New Registered Agent						
VALDES-FAULI CORPORATE SERVICES, INC.				Name GY Corporate Services, Inc.					
	H FLAGLER DRIVE, SUITE 50 LM BEACH, FL 33401	0 EAST		Street Address (P.O. Box Number is Not Acceptable)					
•									
			Ì	City	ity 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.									
0/./									
SIGNATURE Signature, typed or skinted name of redistried egent and tide it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or finited naprile of registered agent and tige it implicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaig Trust Fund Contri					\$5.00 May Be Added to Fees		Make check payable orlda Department of S		
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIRECTORS I	N 10	
TITLE	PD	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	WEBSTER, CARLOTA B 280 VILA MARILA		NAME	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE	VD Delete		TITLE				☐ Change	Addition	
NAME	BUHL, KAREN F		NAME	:					
STREET ADDRESS	401 OAKLAWN			T ADDRESS					
CITY-ST-ZIP	SOUTH PASADENA, CA 91030		<u> </u>	ST-ZIP					
TITLE NAME	SD Delete O'KANE, KATHLEEN F		TITLE				☐ Change	☐ Addition	
STREET ADDRESS	3185 NORTH MORENGO			T ADDRESS					
CITY-ST-ZIP	ALTADENA, CA 91011		CITY-	ST-ZIP					
TITLE	TD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	FLANIGAN, MICHAEL M		NAME						
STREET ADDRESS CITY+ST-ZIP	10437 CEMENT HILL ROAD NEVADA CITY, CA 95959			ET ADDRESS ST-ZIP					
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	HANLEY, DANIEL A		NAME				•		
STREET ADDRESS	777 S FLAGLER DRIVE SUITE 50	00 E	4	ET ADDRESS					
CITY+ST-ZIP	WEST PALM BEACH, FL 33401	m	-	ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	NAME				பு Criange	☐ Addition	
STREET ADDRESS			STREE	ET ADDRESS					
CITY-ST-7IP	I		CITY-	ST-71P					

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:

626-4410108