


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002759
 1. Entity Name
THE SNOW WHITE FOUNDATION, INC.



Principal Place of Business Mailing Address
600 SAND LAKE COURT **600 SAND LAKE COURT**
MOUNT DORA, FL 32757 **MOUNT DORA, FL 32757**



02192008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number Applied For
59-3603616 Not Applicable

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

6. Name and Address of Current Registered Agent
HART, DONALD E
600 SAND LAKE COURT
MOUNT DORA, FL 32757

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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 reselecting) 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**

U00000469658
 03/27/06-80009-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, DONALD E 600 SAND LAKE COURT MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HART, FRANCES I 600 SAND LAKE COURT MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWINS, LYNN H 7385 SW 122 STREET PINECREST, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REECE, KANDY H 2772 EDGEWATER DR NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDERSON, JENNIFER H 7755 LAKE OLA DR. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONATHAN, HART 75 TANGUERAY SHARPSBURG, GA 30277

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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: *Frances I. Hart* **Frances I. Hart** Treasurer 3-17-06 352-735-4866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #