


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

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002554 1. Entity Name THE AGNACIAN FOUNDATION, INC.	
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Principal Place of Business 5120 WILLOW LEAF DRIVE SARASOTA, FL 34241	Mailing Address 5120 WILLOW LEAF DRIVE SARASOTA, FL 34241
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756823	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AGNACIAN, GEORGE N 5120 WILLOW LEAF DRIVE SARASOTA, FL 34241

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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 _____ U00000381756
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/11/06-80067-020 61.25

**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 NAME STREET ADDRESS CITY - ST - ZIP	D AGNACIAN, GEORGE N 5120 WILLOW LEAF DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AGNACIAN, JOAN S 5120 WILLOW LEAF DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AGNACIAN, GEORGE C 5120 WILLOW DR. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: George N. Agnacion 1/5/06 941 371-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #