2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # 719013 CA. AND DOROTHY P. LAN	NDON FOUNDATION					006 90021 0		
Principal Place 255 ALHAME STSE 820 MIAMI, FL 33	BRA CIRCLE	Mailing Address 255 ALHAMBRA CIRCLE STSE 820 MIAMI, FL 33134 US				10:0 (0:0) 10:0 (7:	T an ini niti a na c		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022006	Chg-NP	CR2E	37 (11/05)	
City & State		City & State			4. FEI Number 23-7148				pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desi	red 🗌	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of N	lew Registered	Agent	
RAPPORT	KERRY		Name						
BESSEME	R TRUST		Street Address (P.O. Box Numbe	is Not Acce	ptable)		
801 BRICK MIAMI, FL								-	
IVII/AIVII, FL	33131		City					Zin Conf	1
			City				FI	Zip Cod	16
	named entity submits this statement fo	r the purpose of changing its re	egistered office o	r registere	ed agent, or both	, in the State	of Florida. I am	familiar with,	and accept
the obligati	ions of registered agent.								
SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signs	iture required	when reinstating)		DATE	·	
SIGNATURE .				beriuper eruf					
SIGNATURE .	Filing Fee is \$61.25	and title if applicable. (NOTE: 9. Election Camp Trust Fund Co	paign Financing	Iture required	when reinstating) \$5.00 May Be Added to Fees			k payable t	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing Intribution.		\$5.00 May Be Added to Fees	•	Make chec Florida Depa	rtment of S	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$\\07\06 306 442 1118