

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010299

**Entity Name:** DAVIDSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

7 SUNRISE CAY DRIVE  
KEY LARGO, FL 33037

**Current Mailing Address:**

7 SUNRISE CAY DRIVE  
KEY LARGO, FL 33037

**FEI Number: 45-3750142**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIDSON, THOMAS N  
7 SUNRISE CAY DRIVE  
KEY LARGO, FL 33037 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DAVIDSON, THOMAS NSR.  
Address 7 SUNRISE CAY DRIVE  
City-State-Zip: KEY LARGO FL 33037

Title D  
Name DAVIDSON, SALLY A  
Address 7 SUNRISE CAY DRIVE  
City-State-Zip: KEY LARGO FL 33037

Title D  
Name DAVIDSON, THOMAS NJR.  
Address 21 KINGS CROSS DRIVE, KING CITY  
City-State-Zip: ONTARIO L7B 1E5, CANADA FL 33037

Title D  
Name DAVIDSON, JOHN C  
Address 3875 WINDMILL LAKE ROAD  
City-State-Zip: WESTON FL 33332

Title D  
Name DAVIDSON, JAMES R  
Address 171 PATRIOT HILL DRIVE  
City-State-Zip: BASKING RIDGE NJ 07920

Title D  
Name KELLNER, JENNIFER J  
Address 1215 COUNTRY CLUB PRADO  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS N DAVIDSON**

**TRUSTEE**

**03/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date