

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710110

FILED
Jan 05, 2006
Secretary of State

Entity Name: O.P. MORGANTHALER FOUNDATION, INC.

Current Principal Place of Business:

5837 VERMONT
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6341 GRAND BLVD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2006907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, SAMUEL J.
6341 GRAND BLVD.
NEW PORT RICHEY, FL 33552 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WILLIAMS, RICHARD C,
Address: 6341 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL0, 34652

Title: VD () Delete
Name: MORGANTHALER, PHILIP, D
Address: 5345 COTEE RIVER DRIVE
City-St-Zip: NEW PORT RICHEY, FL0,

Title: D () Delete
Name: WILLIAMS, RICHARD C, JR
Address: 6337 GRAND BLVD
City-St-Zip: NEW PT RICHEY, FL 00000, 34652

Title: PD () Delete
Name: WILLIAMS, SAMUEL J,
Address: 6341 GRAND BLVD
City-St-Zip: NEW PT RICHEY, FL 00000, 34652

Title: D () Delete
Name: WILLIAMS, VALERIE
Address: 6341 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WILLIAMS, RICHARD C,
Address: 6341 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Change () Addition
Name: MORGANTHALER, PHILIP, D
Address: 5345 COTEE RIVER DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: WILLIAMS, RICHARD C, JR
Address: 6337 GRAND BLVD
City-St-Zip: NEW PT RICHEY, FL 34652

Title: PD (X) Change () Addition
Name: WILLIAMS, SAMUEL J,
Address: 6341 GRAND BLVD
City-St-Zip: NEW PT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL J. WILLIAMS

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date