



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

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 711966 1. Entity Name SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION, INC.																																										
Principal Place of Business 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131 US	Mailing Address 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131 US																																									
DO NOT WRITE IN THIS SPACE		 04252006 No Chg-NP CR2E037 (11/05) 4. FEI Number 59-6175868 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable																																								
6. Name and Address of Current Registered Agent MORRISON, ALBERT JR 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131		DO NOT WRITE 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 _____ (NOTE, Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable																																										
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>HUTTON, SUE</td></tr><tr><td>STREET ADDRESS</td><td>1001 BRICKELL BAY DR., 9TH FLOOR</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33131</td></tr><tr><td>TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>MORRISON, ALBERT JR</td></tr><tr><td>STREET ADDRESS</td><td>1001 BRICKELL BAY DR., 9TH FLOOR</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33131</td></tr><tr><td>TITLE</td><td>SD</td></tr><tr><td>NAME</td><td>MORRISON, JOAN G</td></tr><tr><td>STREET ADDRESS</td><td>1001 BRICKELL BAY DR 9TH FLOOR</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33133</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	D	NAME	HUTTON, SUE	STREET ADDRESS	1001 BRICKELL BAY DR., 9TH FLOOR	CITY- ST- ZIP	MIAMI, FL 33131	TITLE	PD	NAME	MORRISON, ALBERT JR	STREET ADDRESS	1001 BRICKELL BAY DR., 9TH FLOOR	CITY- ST- ZIP	MIAMI, FL 33131	TITLE	SD	NAME	MORRISON, JOAN G	STREET ADDRESS	1001 BRICKELL BAY DR 9TH FLOOR	CITY- ST- ZIP	MIAMI, FL 33133	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		1000000562396 05/19/06-80054-018 61.25 DO NOT WRITE IN THIS SPACE
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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		Date _____ Daytime Phone # _____																																								