

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                 |                                                                                   |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 720394</b>                                        |  |
| 1. Entity Name<br><b>THE FOOTLIGHTERS FOUNDATION FUND, INC.</b> |                                                                                   |

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>1820 N-42ND AVE<br/>HOLLYWOOD FL 33021</b> | Mailing Address<br><b>1820 N-42ND AVE<br/>HOLLYWOOD FL 33021</b> |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                        |                                            |
|--------------------------------------------------------|--------------------------------------------|
| 2. Principal Place of Business<br><b>SAME AS ABOVE</b> | 3. Mailing Address<br><b>SAME AS ABOVE</b> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |
| City & State                                           | City & State                               |
| Zip                                                    | Country                                    |



1st MOORE CR2E037 (10/05)

4. FEI Number **23-7296887** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>MARSH, LOU<br/>13287 N W 19TH ST<br/>PEMBROKE PINES FL 33028</b> |
|------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------------------|

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 *Lou Marsh - LOU MARSH* **2/17/06**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                         |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                  |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MARSH, LOU<br>13287 N W 19TH ST<br>PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>000000445552<br/>03/07/06-80051-003 70.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>LITTMAN, HARRY<br>9403 ASTIN GARDEN CT APT 104<br>PARKLAND FL 33076 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STU<br>DALE, TOMMY<br>1820 N 42ND AVE<br>HOLLYWOOD FL 33021 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.