

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001129

FILED
Jan 06, 2006
Secretary of State

Entity Name: THE WALLACE H. COULTER FOUNDATION, INC.

Current Principal Place of Business:

790 N.W. 107TH AVE., STE 215
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

790 N.W. 107TH AVE., STE 215
MIAMI, FL 33172

New Mailing Address:

FEI Number: 31-1546126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARLIN, WAYNE A
790 NW 107TH AVE., STE 215
MIAMI, FL 33172 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: PCD () Delete
Name: VAN, SUE
Address: 790 NW 107TH AVENUE, STE 215
City-St-Zip: MIAMI, FL 33172

Title: V () Delete
Name: RACHER, SUSAN M
Address: 790 NW 107TH AVENUE, STE 215
City-St-Zip: MIAMI, FL 33172

Title: V,S () Delete
Name: BARLIN, WAYNE A
Address: 790 NW 107TH AVENUE, STE 215
City-St-Zip: MIAMI, FL 33172

Title: V () Delete
Name: MORFF, ROBERT J PH.D
Address: 790 NW 107TH AVENUE, STE 215
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WAYNE A. BARLIN

V

01/06/2006

Electronic Signature of Signing Officer or Director

Date