

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90239 032 ****61.25

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DOCUMENT # F01000005472 1. Entity Name F.W. OLIN FOUNDATION, INC.					
Principal Place of Business 1580 HARBOR CAY LANE SARASOTA, FL 34228			Mailing Address PO BOX 9227 SARASOTA, FL 34228		
2. Principal Place of Business 1580 Harbor Cay Lane		3. Mailing Address P.O. Box 9227			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Longboat Key, FL		City & State Longboat Key, FL		4. FEI Number 13-1820176	
Zip 34228		Country Sarasota		Applied For <input type="checkbox"/> Not Applicable	
Zip 34228		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILAS, LAWRENCE W 1580 HARBOR CAY LANE SARASOTA, FL 34228				7. Name and Address of New Registered Agent Name Lawrence W. Milas Street Address (P.O. Box Number is Not Acceptable) 1580 Harbor Cay Lane City Longboat Key, FL Zip Code 34228	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Lawrence W. Milas, President <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/28/06 <small>DATE</small>	
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILAS, LAWRENCE W 1580 HARBOR CAY LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORDEN, WILLIAM B ESQ. 900 THIRD AVE NEW YORK, NY 10022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIDT, WILLIAM J 8500 FRANIO RD #300 EDEN PRAIRIE, MN 553443982 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, WILLIAM B 1900 FOSHAY TO., 821 MARQUETTE AVE MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Lawrence W. Milas		4/28/06 <small>Date</small>	
				941-383-3028 <small>Daytime Phone #</small>	