

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

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90126 025 ****61.25

DOCUMENT # F93000003459

1. Entity Name
THE PURCELL FAMILY FOUNDATION, INC.



Principal Place of Business
**14155 U. S. HIGHWAY ONE
STE. 310
JUNO BEACH, FL 33408 US**

Mailing Address
**14155 U. S. HIGHWAY ONE
STE. 310
JUNO BEACH, FL 33408 US**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1425579

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PURCELL, JOHN R
14155 U.S. HWY. ONE
STE. 310
JUNO BCH, FL 33408**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
PURCELL, SHERYL I
14155 US HWY. ONE STE. 310
JUNO BCH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CDPS
PURCELL, JOHN R
14155 US HWY ONE STE 310
JUNO BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRONCZEWSKI, SANDY
14155 US HWY ONE STE 310
JUNO BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BEH, LAUREL
14155 US HIGHWAY ONE STE. 310
NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/06

Date

561-622-2000

Daytime Phone #