

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 A
Secretary of State

DOCUMENT # N00000003183

1. Entity Name
SALTER FAMILY FOUNDATION, INC.



Principal Place of Business
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS, FL 32714

Mailing Address
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS, FL 32714



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3644177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, CHARLES H
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS, FL 32714

**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 _____

**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	D SALTER, JAMES I JR 531 W MAIN ST RICHMOND, KY 40475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARK, CHARLES H 986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTER, MARY L 531 W MAIN ST RICHMOND, KY 40475
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**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 like empowered.

SIGNATURE: James I. Salter Jr **James I. Salter Jr** 1-17-06 8596230027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #