

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90048 002 ****61.25

DOCUMENT # N00000004175 1. Entity Name CARLSON FAMILY FOUNDATION, INC.																																																																																																																																									
Principal Place of Business 1033 ASTURIA AVENUE CORAL GABLES, FL			Mailing Address P.O. BOX 143154 MIAMI, FL 33114																																																																																																																																						
2. Principal Place of Business 5120 Lakeview Drive Suite, Apt. #, etc.		3. Mailing Address 5120 Lakeview Drive Suite, Apt. #, etc.																																																																																																																																							
City & State Miami Beach, FL Zip 33140		City & State Miami Beach, FL Zip 33140		4. FEI Number 65-1021343																																																																																																																																					
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent RUTHERFORD, MULHALL & WARGO, P.A. 2600 N. MILITRAY TRAIL, 4TH FLOOR BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																						
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. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTSD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARLSON, DAVID D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1033 ASTURIA AVENUE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ATAS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, JORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4142 SW 188 AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIRAMAR, FL 33029</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP/D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUTHERFORD, CHARLES E ESQ.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1355 FAN PALM ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOCA RATON, FL 33432</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PTSD	<input type="checkbox"/> Delete	NAME	CARLSON, DAVID D		STREET ADDRESS	1033 ASTURIA AVENUE		CITY- ST- ZIP	CORAL GABLES, FL 33134		TITLE	ATAS	<input type="checkbox"/> Delete	NAME	GARCIA, JORGE		STREET ADDRESS	4142 SW 188 AVE.		CITY- ST- ZIP	MIRAMAR, FL 33029		TITLE	VP/D	<input type="checkbox"/> Delete	NAME	RUTHERFORD, CHARLES E ESQ.		STREET ADDRESS	1355 FAN PALM ROAD		CITY- ST- ZIP	BOCA RATON, FL 33432		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	PTSD	<input type="checkbox"/> Delete																																																																																																																																							
NAME	CARLSON, DAVID D																																																																																																																																								
STREET ADDRESS	1033 ASTURIA AVENUE																																																																																																																																								
CITY- ST- ZIP	CORAL GABLES, FL 33134																																																																																																																																								
TITLE	ATAS	<input type="checkbox"/> Delete																																																																																																																																							
NAME	GARCIA, JORGE																																																																																																																																								
STREET ADDRESS	4142 SW 188 AVE.																																																																																																																																								
CITY- ST- ZIP	MIRAMAR, FL 33029																																																																																																																																								
TITLE	VP/D	<input type="checkbox"/> Delete																																																																																																																																							
NAME	RUTHERFORD, CHARLES E ESQ.																																																																																																																																								
STREET ADDRESS	1355 FAN PALM ROAD																																																																																																																																								
CITY- ST- ZIP	BOCA RATON, FL 33432																																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY- ST- ZIP																																																																																																																																									
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u>David Carlson PTSP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <u>2/15/05</u> <small>Date</small> </div> <div> <u>786-493-8610</u> <small>Daytime Phone #</small> </div> </div>																																																																																																																																									