

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004175

FILED
Jan 04, 2006
Secretary of State

Entity Name: CARLSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5120 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5120 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1021343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTHERFORD, MULHALL & WARGO, P.A.
2600 N. MILITRAY TRAIL, 4TH FLOOR
BOCA RATON, FL 33431 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: PTSD () Delete
Name: CARLSON, DAVID D
Address: 1033 ASTURIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ATAS () Delete
Name: GARCIA, JORGE
Address: 4142 SW 188 AVE.
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP/D () Delete
Name: RUTHERFORD, CHARLES E ESQ.
Address: 1355 FAN PALM ROAD
City-St-Zip: BOCA RATON, FL 33432 US

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:

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: DAVID CARLSON

PTSD

01/04/2006

Electronic Signature of Signing Officer or Director

Date