


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # N00000004634 1. Entity Name PERKINS FAMILY FOUNDATION, INC.	
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Principal Place of Business 4815 SWEETMEADOW CIRCLE SARASOTA, FL 34238	Mailing Address 4815 SWEETMEADOW CIRCLE SARASOTA, FL 34238
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01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033882	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 DARNELL, ROBERT 2033 MAIN STREET STE 400 SARASOTA, FL 34237
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

ck# 3995 Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERKINS, PAUL E 4815 SWEETMEADOW CIRCLE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERKINS, JOY J 4815 SWEETMEADOW CIRCLE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERKINS, BLAIR S 4815 SWEETMEADOW CIRCLE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANUEL, PAULA P 4815 SWEETMEADOW CIRCLE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000632632 02/21/07-80030-022 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Paul E. Perkins **PAUL E. PERKINS** 2/10/07 9419238331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #