

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # N0000043535

1. Entity Name

PAUL AND BEATRIZ HICKS FOUNDATION, INC.



Principal Place of Business

ONE GROVE ISLE DRIVE
APARTMENT NUMBER 1502
COCONUT GROVE FL 33133

Mailing Address

ONE GROVE ISLE DRIVE
APARTMENT NUMBER 1502
COCONUT GROVE FL 33133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-1836924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, PAUL F
ONE GROVE ISLE DRIVE
APARTMENT NUMBER 1502
COCONUT GROVE FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HICKS, PAUL F
ONE GROVE ISLE DRIVE #1502
COCONUT GROVE FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
SVD
HICKS, BEATRIZ L
ONE GROVE ISLE DRIVE #1502
COCONUT GROVE FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000431971 ☐ Change ☐ Addition
02/23/06-80043-022 61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVENPORT, ROBIN
4782 N.W. 5TH PLACE
COCONUT CREEK FL 33063

☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Beatriz L Hicks

2/13/06