


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000005591 <b>1. Entity Name</b> LITTLE EVERGLADES STEEPLECHASE FOUNDATION, INC.	
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<b>Principal Place of Business</b> 17631 PARRISH GROVE ROAD DADE CITY, FL 33523	<b>Mailing Address</b> 17631 PARRISH GROVE ROAD DADE CITY, FL 33523
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**DO NOT WRITE IN THIS SPACE**

03172006 No Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 59-3671823	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

MICHAELS, J. PATRICK JR.  
101 E. KENNEDY BLVD.  
SUITE 3925  
TAMPA, FL 33602

**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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHARD, G. ROBERT 1414 SWANN AVENUE SUITE 201 TAMPA, FL 33606
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD MICHAELS, J. PATRICK JR. 101 E. KENNEDY BLVD, STE 3925 TAMPA, FL 33602
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VSD THAYER, STELLA 400 N. TAMPA STREET SUITE 2300 TAMPA, FL 33602
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

1100000487343  
04/13/06-60073-024 61.25

**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:** G. Robert Blanchard, Sr. (G. Robert Blanchard, Sr.) 3/24/06 352-521-3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If