

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

APPROVED  
AND  
FILED

DOCUMENT # N00000005630

1. Entity Name  
THE BLACKBURN FAMILY FOUNDATION, INC.



Principal Place of Business  
7021 VERDE WAY  
NAPLES, FL 34108

Mailing Address  
7021 VERDE WAY  
NAPLES, FL 34108

06 SEP 15 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08242006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1061984

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

BUCKEL, ROBERT M  
PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES, FL 34109

**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 re-filing)

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09/13/06 01018 010 11:01.25

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BLACKBURN, MYRLE A
STREET ADDRESS	7021 VERDE WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DVPT
NAME	BLACKBURN, ARTHUR H
STREET ADDRESS	7021 VERDE WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DS
NAME	BUCKET, ROBERT M
STREET ADDRESS	5801 PELICAN BAY DRIVE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

*Robert Buckel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-06 239-593-2900

Date

Daytime Phone #

9/15/06