
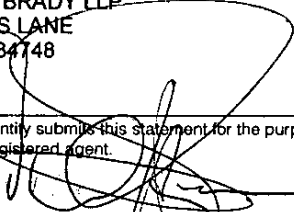
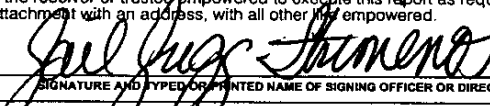


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90023 014 ****61.25

DOCUMENT # N00000008089					
1. Entity Name GREGG-STRIMENOS FOUNDATION, INC.					
Principal Place of Business 1048 STRIMENOS LANE LEESBURG, FL 34748			Mailing Address 1048 STRIMENOS LANE LEESBURGH, FL 34748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3688480	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STRIMENOS, PETER T C/O QUARLES & BRADY LLP 1048 STRIMENOS LANE LEESBURG, FL 34748				Name STRIMENOS, PETER T	
				Street Address (P.O. Box Number is Not Acceptable)	
				1048 STRIMENOS LANE	
				City LEESBURG	FL Zip Code 34748
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  Peter T. Strimenos				DATE 2-2-06	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDEK, IRENE MR.		NAME		
STREET ADDRESS	1619 LAKE VILLA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRIMENOS, GAIL MS.		NAME		
STREET ADDRESS	1048 STRIMENOS LANE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRIMENOS, PETER MR.		NAME		
STREET ADDRESS	1048 STRIMENOS LANE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODWARD, THOMAS MR.		NAME		
STREET ADDRESS	634 ALPHA DRIVE, STE 900		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15238		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 my empowered.					
SIGNATURE:  Gail Gregg Strimenos				DATE 2-2-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	