

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

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001936

1. Entity Name
THE WESTGATE/SNOEZELEN FOUNDATION, INC.



Principal Place of Business
**23 SOUTH "A" STREET
PENSACOLA, FL 32574**

Mailing Address
**P.O. BOX 12603
PENSACOLA, FL 32574-2603**



03052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENHUT, DUDLEY H
23 SOUTH "A" STREET
PENSACOLA, FL 32574**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENHUT, DUDLEY H
STREET ADDRESS	23 SOUTH "A" STREET
CITY-ST-ZIP	PENSACOLA, FL 32574
TITLE	D
NAME	COLLIER, LACEY A
STREET ADDRESS	3885 DURANGO STREET
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	DENMON, JOSEPH
STREET ADDRESS	10050 ASHTON BROSNAHAM ROAD
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	D
NAME	BERRY, SUZANNE
STREET ADDRESS	10050 ASHTON BROSNAHAM ROAD
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000461249
03/20/06-80043-004 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

Date

Daytime Phone # _____