


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000003240</b> 1. Entity Name <b>THE BILL AND MARTHA PULLUM FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>8494 NAVARRE PKWY. NAVARRE, FL 32566</b>	Mailing Address <b>8494 NAVARRE PKWY. NAVARRE, FL 32566</b>
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04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>31-1774230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HUNTER, CURTIS B 1300 THOMASWOOD DR. TALLAHASSEE, FL 32312</b>
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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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLUM, WILLIAM A 8494 NAVARRE PKWY. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLUM, BART R 8494 NAVARRE PKWY. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLUM, MARTHA S 8494 NAVARRE PKWY. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLUM, REBECCA A 8494 NAVARRE PKWY. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCKEY, BRIAN 8494 NAVARRE PKWY. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCKEY, PAULA L 8494 NAVARRE PKWY. NAVARRE, FL 32566

U00000508385  
04/28/06-80003-017 61.25

**DO NOT WRITE  
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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:**  **William A. Pullum, Pres.** 4/7/06 850-939-2363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #