


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

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90207 021 \*\*\*\*61.25


**DOCUMENT # N01000006692**

1. Entity Name  
**THE STILES FAMILY FOUNDATION, INC.**



Principal Place of Business <b>C/O STILES CORPORATION          300 S.E. 2ND STREET, 10TH FLOOR          FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>C/O STILES CORPORATION          300 S.E. 2ND STREET, 10TH FLOOR          FORT LAUDERDALE, FL 33301</b>
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**DO NOT WRITE IN THIS SPACE**



03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>31-1808921</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STILES, TERRY W  
 C/O STILES CORPORATION  
 300 S.E. 2ND STREET, 10TH FLOOR  
 FORT LAUDERDALE, FL 33301**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STILES, TERRY W 229 NURMI DRIVE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV STILES, SHARON 229 NURMI DRIVE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES, HERNANDEZ TL 956 SE 10TH COURT POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES TIDWELL, CARRIE 4313 NE 22ND AVE. FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PATRICIA 2881 NE 18TH ST. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Terry Stiles **Terry Stiles** 4/14/06 954-627-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #