


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90030 013 \*\*\*\*61.25

**DOCUMENT # N01000006692**

1. Entity Name  
 THE STILES FAMILY FOUNDATION, INC.



Principal Place of Business  
 C/O STILES CORPORATION  
 300 S.E. 2ND STREET, 10TH FLOOR  
 FORT LAUDERDALE, FL 33301

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

40044838



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 31-1808921

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1115 N. Rio Vista Blvd	
STREET ADDRESS	Ft Lauderdale FL 33301	
CITY-ST-ZIP		
TITLE	JV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Stiles	
STREET ADDRESS	2830 NE 26th St	
CITY-ST-ZIP	Ft Lauderdale, FL 33305	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2833 NE 38th Street	
STREET ADDRESS	Ft Lauderdale, FL 33308	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: Terry W. Stiles Terry W. Stiles 2/20/07 954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #