

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008136

1. Entity Name

PICARD-DANNHEISSER FAMILY FOUNDATION, INC.



Principal Place of Business

504 N. BAYLEN ST.
PENSACOLA, FL 32501

Mailing Address

504 N. BAYLEN ST.
PENSACOLA, FL 32501



01192005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3755949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANNHEISSER, MATT E
504 N. BAYLEN ST.
PENSACOLA, FL 32501

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000195009

01/26/05-80011-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PICARD, ELIZABETH T
STREET ADDRESS	704 PEAKES POINT DRIVE
CITY - ST - ZIP	GULF BREEZE, FL 32561
TITLE	DP
NAME	DANNHEISSER, TAMM P
STREET ADDRESS	706 PEAKES POINT DRIVE
CITY - ST - ZIP	GULF BREEZE, FL 32561
TITLE	DVST
NAME	DANNHEISSER, MATT E
STREET ADDRESS	706 PEAKES POINT DRIVE
CITY - ST - ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Matt E. Dannheisser 1/21/05 850/434-7272

Secretary/Treasurer

Daytime Phone #