

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

FILED
Jan 11, 2006 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



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3755949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, ELIZABETH T 704 PEAKES POINT DRIVE GULF BREEZE, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANNHEISSER, TAMM P 706 PEAKES POINT DRIVE GULF BREEZE, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DANNHEISSER, MATT E 706 PEAKES POINT DRIVE GULF BREEZE, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1000000382514
01/11/06-80013-021 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: *Tamm P. Dannheisser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Tamm P. Dannheisser**

Dayside Phone # *1/4/06 (850) 434-7272*