


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

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008371 1. Entity Name THE GADDIS FAMILY FOUNDATION, INC.	
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Principal Place of Business 221 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311	Mailing Address P.O. BOX 950 FT LAUDERDALE, FL 33302-0950
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03302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0555919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BATTLE, SAMUEL F 221 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000531497 05/06/06 00047 005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDIS, JESSE P P.O. BOX 950 FT LAUDERDALE, FL 333020950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDIS, SUSAN T P.O. BOX 950 FT LAUDERDALE, FL 333020950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDIS, MICHAEL R P.O. BOX 950 FT LAUDERDALE, FL 333020950
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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 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:  **JESSE P. GADDIS** 4/10/06 (954) 565-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #