2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N01000008658 Feb 10, 2006 08:00 AM Secretary of State 1. Entity Name HENRY S. AND MARGARET GAY MIKA CHARITABLE FOUNDATION, INC. Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD., STE. 27 46 N. WASHINGTON BLVD., STE. 27 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business Mailing Address Suite, Apt #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 02-0535154 Not Applicab! Ζφ Country Zio \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWNING, GEORGE III Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., STE. 27 SARASOTA FL 34236 City 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 signalure required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Arklis» DPST ☐ Change TITLE Delete HILE U000000429217 MIKA, MARGARET GAY NAME NAME 02/21/06-80080-010 61.25 8400 VAMO RD., APT. 536 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY - ST-ZIP D Delete TITLE ☐ Change Adde: TITLE GLADIS, DONNA NAME NAME 8900 KARVER LN. STREET ADDRESS STREET ADDRESS ANNANDALE VA 22003 CITY - ST- ZIP CITY-ST-ZIP ☐ Chanc TITLE ☐ Delcte THEF BROWNING, GEORGE III NAME NAME 46 N. WASHINGTON BLVD., STE. 27 STREET ADDRESS STREET ADDRESS CITY - ST- 7IP SARASOTA FL 34236 CITY - ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE Change Addish NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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