

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90017 017 ****70.00

DOCUMENT # N01000009000

1. Entity Name
TOGETHER WITH PRIDE FOUNDATION, INC.



Principal Place of Business
**1288 LAKE BREEZE DR
WELLINGTON FL 33414**

Mailing Address
**P.O. BOX 211566
ROYAL PALM BEACH FL 33421 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
01-0599914

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUGH, JOHN H
340 ROYAL PALM WAY
SUITE 100
PALM BEACH, FL 33480**

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

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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PRIDE, CURTIS JOHN**
STREET ADDRESS **1288 LAKE BREEZE DR.**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PRIDE, LISA HELENE**
STREET ADDRESS **1288 LAKE BREEZE DR.**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STRASSER, JOSEPH A**
STREET ADDRESS **2050 COUNTRY TRACE LN., #21C**
CITY-ST-ZIP **TOLEDO, OH 43615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: CURTIS PRIDE - PRESIDENT 1/31/06 (561) 801-1001