


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001372

1. Entity Name
SILVESTER FOUNDATION, INC.



Principal Place of Business Mailing Address

470 COLUMBIA DRIVE **470 COLUMBIA DRIVE**
SUITE D-201 **SUITE D-201**
WEST PALM BEACH, FL 33409 **WEST PALM BEACH, FL 33409**



03272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
04-3678278 Not Applicab.

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

6. Name and Address of Current Registered Agent

PEREBOOM, DOUGLASS E
470 COLUMBIA DRIVE
SUITE D-201
WEST PALM BEACH, FL 33409

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

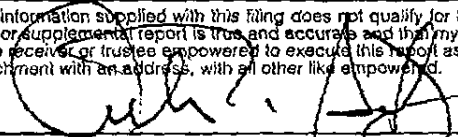
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVESTER, ARTHUR W JR. 1990 N.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLTON, KATHY 1990 N.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREBOOM, DOUGLASS E 470 COLUMBIA DR., SUITE D201 W. PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMPSEY, W. GLENN 1990 N.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVESTER, RENEE T 350 DEVONSHIRE WAY, APT. 3329 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000487487
 04/13/06-80075-019 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:  **Arthur W. Silvester, Jr.** / 27 / 06 561-683-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #