

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

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001388**

1. Entity Name  
**THE HARRISON CHARITABLE FOUNDATION, INC**



Principal Place of Business  
**393 N. POINTE RD. #601  
OSPREY, FL 34229**

Mailing Address  
**393 N. POINTE RD. #601  
OSPREY, FL 34229**



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**58-2023561** ☐ Applies ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HARRISON, JOHN R  
393 N. POINTE RD. #601  
OSPREY, FL 34229**

**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 the obligations of registered agent.

SIGNATURE *John R. Harrison* (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	P
NAME	HARRISON, JOHN R
STREET ADDRESS	393 N. POINTE RD. #601
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VD
NAME	HARRISON, BONNIE
STREET ADDRESS	393 N. POINTE RD. #601
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	HARRISON, MARK
STREET ADDRESS	21 DOWNING ST.
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	ANDERSON, JENNIFER A
STREET ADDRESS	5241 LEVI LANE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000516025  
04/29/06-80234-011 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 of this report.