

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002244

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** MANUELA AND ARTHUR BRUHIER FOUNDATION, INC.

**Current Principal Place of Business:**

10910 NW 64TH DRIVE  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

10910 NW 64TH DRIVE  
PARKLAND, FL 33076

**New Mailing Address:**

**FEI Number:** 02-0586352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LACRUISE, ODESSA  
10910 NW 64TH DRIVE  
PARKLAND, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HENDERSON, IRVIN  
Address: 75 WEST END AVENUE  
City-St-Zip: NEW YORK, NY 10023

Title: D ( ) Delete  
Name: HENDERSON, ALVIN  
Address: BIG CREEK INDEPENDENCE  
City-St-Zip: STAN CREEK BELIZE,

Title: D ( ) Delete  
Name: CASTILLO, ZANE  
Address: 44 EBONY STREET  
City-St-Zip: BELIZE CITY BELIZE,

Title: D ( ) Delete  
Name: BLEASE, ALLYSON  
Address: 7615 COCO PLUM CIRCLE  
City-St-Zip: PLANTATION, FL 33324

Title: PTS ( ) Delete  
Name: LACRUISE, ODESSA  
Address: 10910 NW 64TH DRIVE  
City-St-Zip: PARKLAND, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODESSA LACRUISE

D

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date