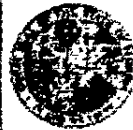


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003591

1. Entity Name
THE COLL FOUNDATION, INC.



Principal Place of Business
**4045 TANGELO AVE
COCOA, FL 32927**

Mailing Address
**4045 TANGELO AVE
COCOA, FL 32927**



02052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3705963

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BENITEZ, GUS R ESQ
1223 E CONCARD ST
ORLANDO, FL 32803**

**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 except the obligations of registered agent.

SIGNATURE: _____ (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	D	
NAME	BROWN, ROBERT W	
STREET ADDRESS	4045 TANGELO AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	D	
NAME	HUFF, JO	
STREET ADDRESS	4045 TANGELO AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	D	
NAME	OZIM, MARION	
STREET ADDRESS	4045 TANGELO AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	D	
NAME	STUCKOWSKI, FLORENCE	
STREET ADDRESS	4045 TANGELO AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	D	
NAME	DECENA, AL	
STREET ADDRESS	4045 TANGELO AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

000000427776
02/21/06-80021-014 61.25

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 the empowered.

SIGNATURE: Robert W. Brown **Robert W. Brown** **Feb 3, 2006** **407-383-4572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #