

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004408

FILED
Jan 18, 2006
Secretary of State

Entity Name: HENRIETTA COUNTESS DE HOERNLE FOUNDATION, INC.

Current Principal Place of Business:

6055 S. VERDE TRAIL, #H-320
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

DONALD C. SIDER
150 EAST BOCA RATON ROAD
BOCA RATON, FL 33432

New Mailing Address:

DONALD C. SIDER & ASSOCIATES, P.A.
6751 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33487

FEI Number: 03-0475225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDER, C. DON
150 E. BOCA RATON ROAD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SIDER, C. DON
6751 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33487 US

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: DONALD C. SIDER

01/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE HOERNLE, HENRIETTA C
Address: 6055 S.VEROE TRAIL, #H-320
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: DEPPE, FLORENCE
Address: 1629 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: WAGMAN, CAROLINA
Address: 1190 OVERBROOK CIR
City-St-Zip: YORK, PA 17403

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:

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: HENRIETTA COUNTESS DE HOERNLE

P

01/18/2006

Electronic Signature of Signing Officer or Director

Date