2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005106

1. Entity Name
THE ROB REDLHAMMER MEMORIAL FUND, INC.

Principal Place of Business	Mailing Address
5704 SW 116 AVE COOPER CITY, FL 33330	5704 SW 116 AVE COOPER CITY, FL 33330

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
35-1013984
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEINMAN, STEVEN A ESQ.
8530 STATE RD 84
DAVIE, FL 33324

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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	PD
NAME	BARRETT, PATTI
STREET ADDRESS	5704 S.W. 116 AVE.
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	VD
NAME	BARRETT, DANIEL
STREET ADDRESS	5704 SW 116 AVE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	ST
NAME	REDLHAMMER, ALBERT
STREET ADDRESS	10651 SW 27 STREET
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	TT
NAME	REDLHAMMER, JOAN
STREET ADDRESS	10651 SW 27 STREET
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Patti Barrett Pres. 4/5/06 954.644.6376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #