


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

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005119	
1. Entity Name THE THORNTON & MAUD UTZ CHARTIABLE FOUNDATION, INC.	

Principal Place of Business
**46 N. WASHINGTON BLVD.
SUITE 25A
SARASOTA, FL 34236**

Mailing Address
**46 N. WASHINGTON BLVD.
SUITE 25A
SARASOTA, FL 34236**



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2086745	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORAN, PAUL A
46 N. WASHINGTON BLVD.
SUITE 25A
SARASOTA, FL 34236**

**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 accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(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 NAME STREET ADDRESS CITY- ST- ZIP	D HADLEY, WARREN 92 FOREST ST DUXBUR, MA 02332
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TYLER, PAT 2202 CASEY KEY NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LUDDEN, JOHN 2929 BEE RIDGE RD. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MORAN, PAUL A 46 N. WASHINGTON BLVD. #25A SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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03/02/06-80015-009 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren Hadley
Warren Hadley

2/12/06
Date

781 834 1235
Daytime Phone #