

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 29, 2006  
Secretary of State

DOCUMENT# N02000007162

Entity Name: SYLVIA'S FOUNDATION, INC.

**Current Principal Place of Business:**

693 SAND ISLES CIRCLE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

PO BOX 1220  
MELROSE, FL 32666

**Current Mailing Address:**

PO BOX 2087  
ST AUGUSTINE, FL 32085

**New Mailing Address:**

C/O VIC JOHNSON  
PO BOX 1220  
MELROSE, FL 32666

FEI Number: 32-0035460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, VIC  
693 SAND ISLES CIRCLE  
PONTE VEDRA BEACH, FL 32082 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: P/D ( ) Delete  
Name: JOHNSON, VIC  
Address: 693 SAND ISLES CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S/D ( ) Delete  
Name: JOHNSON, JOEL J  
Address: 693 SAND ISLES CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: SCOTT, MARTHA F  
Address: 16631 E. HWY 40  
City-St-Zip: SILVER SPRINGS, FL 34488 US

**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: VIC JOHNSON

P/D

03/29/2006

Electronic Signature of Signing Officer or Director

Date