


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90008 027 ****61.25

DOCUMENT # N02000009077 1. Entity Name BLACK DIAMOND FOUNDATION, INC.					
Principal Place of Business 2600 WEST BLACK DIAMOND CIRCLE LECANTO, FL 34461			Mailing Address 2600 WEST BLACK DIAMOND CIRCLE LECANTO, FL 34461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202006 Chg-NP CR2E037 (11/05) 4. FEI Number 13-4211621	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOINES, JAMES J 3754 W BLACK DIAMOND CIRCLE LECANTO, FL 34461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRILEY, JIM 3156 W WILD DUNES PLACE LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRILEY, Jim 3093 W. BERMUDA DUNES DR. LECANTO, FL 34461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, DAVID 3409 N HAMMOCK DUNES VILLAGE POINT LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, KEVIN 3710 N BALTUSROL PATH LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZI, WALT 3800 W BLACK DIAMOND CIRCLE LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUWELL, LINDA 3222 N. CAVES VALLEY PATH LECANTO, FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARTORY, LARRY 2960 W PLANTATION PINES CT LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOGLER, AL 2898 W. CROOKED STICK CT. LECANTO, FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOINES, JAMES J 3754 W BLACK DIAMOND CIRCLE LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SEE ATTACHMENT)		
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: <i>James W. Briley</i> JAMES W. BRILEY, TREASURER 7/20/06 (352) 527-3008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

4001001



ATTACHMENT

40016617

#N02000009077

Supplemental Schedule

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
BLACK DIAMOND FOUNDATION, INC. (13-4211621)
DOCUMENT # N02000009077

LINE 11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10

Title	D	<input checked="" type="checkbox"/> Addition
Name	Beasley, Lloyd	
Street Address	3254 N. Spyglass Village Path	
City-St-Zip	Lecanto, FL 34461	
Title	D	<input checked="" type="checkbox"/> Addition
Name	Joens, Bill	
Street Address	3549 W. Black Diamond Circle	
City-St-Zip	Lecanto, FL 34461	
Title	D	<input checked="" type="checkbox"/> Addition
Name	Manafort, Nancy	
Street Address	3644 N. Baltusrol Path	
City-St-Zip	Lecanto, FL 34461	
Title	D	<input checked="" type="checkbox"/> Addition
Name	Ritter, Patricia	
Street Address	2501 N. Troon Path	
City-St-Zip	Lecanto, FL 34461	
Title	D	<input checked="" type="checkbox"/> Addition
Name	Rosenberg, Sharron	
Street Address	3240 W. Castle Pines Loop	
City-St-Zip	Lecanto, FL 34461	
Title	D	<input checked="" type="checkbox"/> Addition
Name	Wood, Jim	
Street Address	3905 W. Shadow Creek Loop	
City-St-Zip	Lecanto, FL 34461	