2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N02000009898

Entity Name: THE PHARIS DUFFEY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

8771 GREY OAKS AVENUE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

8771 GREY OAKS AVENUE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 92-0180773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOERR, KENNETH D
240 SOUTH PINEAPPLLE AVENUE
10TH FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVENUE
10TH FLOOR
SARASOTA, FL 34236 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: KENNETH D DOERR 04/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: DUFFEY, ELIZABETH R
Address: 8771 GREY OAKS AVENUE
City-St-Zip: SARASOTA, FL 34238

Title: MD ( ) Delete
Name: DUFFEY, SPENCER C
Address: 8771 GREY OAKS AVENUE
City-St-Zip: SARASOTA, FL 34238

Title: MD ( ) Delete
Name: DUFFEY, SAMUEL S
Address: 8771 GREY OAKS AVENUE
City-St-Zip: SARASOTA, FL 34238

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: SAMUEL S DUFFEY MD 04/28/2006
Electronic Signature of Signing Officer or Director Date