

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006693

FILED
Feb 08, 2006
Secretary of State

Entity Name: ARMADA FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

101 NORTH RIVERSIDE DR., STE. 212
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

101 NORTH RIVERSIDE DR., STE. 212
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 30-0194199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHANEUF, ROBERT
101 NORTH RIVERSIDE DR., STE. 212
POMPANO BEACH, FL 33062 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: D () Delete
Name: PHANEUF, ROBERT
Address: 230 S.E. 11TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: BUTTERFIELD, SPENCER
Address: 2005 OCEAN WALK TERRACE #300
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: MULLINS, JEAN
Address: 441 WEST PALM AIRE DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: TIERNAN, CARY
Address: 2652 N.E. 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUTTERFIELD, SPENCER
Address: 2652 N.E. 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

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: SPENCER BUTTERFIELD

D

02/08/2006

Electronic Signature of Signing Officer or Director

Date