

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90043 002 ****70.00

DOCUMENT # N03000007957

1. Entity Name

CLAUDETTE B. SOFTLEIGH CHARITABLE FOUNDATION,
INC.



Principal Place of Business

4516 3RD STREET
CIRCLE W, UNIT 333
BRADENTON FL 34207

Mailing Address

4516 3RD STREET
CIRCLE W, UNIT 333
BRADENTON FL 34207
*P.O. BOX 1857
ONECO
FLORIDA 34264*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 1857

City & State

City & State
ONECO FLORIDA

Zip

Country

Zip
34264

Country

FLORIDA USA

4. FEI Number

20-0234918

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOFTLEIGH, CLAUDETTE B
4516-3RD ST
CIRCLE W UNIT 333
BRADENTON FL 34207

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

Claudette Softleigh

CLAUDETTE B SOFTLEIGH

TRUSTEE
04.29.06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04.29.06

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
SOFTLEIGH, CLAUDETTE B
PO BOX 1857
ONECO FL 34264 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILLIAMS, DEANNA
1648 24TH STREET
SARASOTA FL 34234 ☒ Delete
*VOTED OUT
JUNE 2005*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
OLMEDA, CHARLES
949 43RD STREET
BROOKLYN NY 11219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GORSIRA, GAIL
204-02 115 AVE. ST ALBANS
QUEENS N.Y. 11412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Claudette Softleigh* CLAUDETTE B SOFTLEIGH 04.29.06 941-7558849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #