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

## **DOCUMENT # N03000009558**

1. Entity Name



**FILED** Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90369 007 \*\*\*\*61.25

FOUNDATIO	ORT MULTIPURPOSE DN, INC.	SENIOR CENTER					
Principal Place of Business		Mailing Address	Mailing Address				
5501 27TH AVE SOUTH GULFPORT FL 33707		5501 27TH AVE SOUTH GULFPORT FL 33707					
2. Principal Place of Business		3. Mailing Addres	ss				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del>.</del>	1st MOORE CR2E037 (10/05)		
City & State		City & State			4. FEI Number 20-0684014	Applied For Not Applicable	
Zip	Country	Zip	Co	ountry		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
KEATON, KAREN S 2816 BEACH BLVD GULFPORT FL 33707			Street Address (P.O. Box Number is Not Acceptable)				
			City FL Zip Code				
8. The above natified the obligations	med entity submits this statem s of registered agent.	ent for the purpose of char	nging its registe	ered office or register	red agent, or both, in the State of Florida. I am fa	miliar with, and accept	

(NOTE: Registered Agent signature required when rejustating)

医囊丛		10.20	3.5	, 1, 1
	FILE NOW	FEE	IS \$61	1.25
300	Due By			

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be

Make Check Payable to

NAME STREET ADDRESS CITY-ST-ZIP TITLE D ABORNATO, HELEN M 3018 59TH 9TREET SOUTH GULFPORT FL 93707  TITLE D MAME STREET ADDRESS CITY-ST-ZIP TITLE D ABORNATO, HELEN M 3018 59TH 9TREET SOUTH GULFPORT FL 93707  TITLE D MAME NAME NAME NAME NAME NAME NAME NAME		Due by Way 1, 2000	Hose Fund Con	anodion.	Added to Fees	Fiorida Depar	tment of S	
NAME STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE ADDRINATO, HELENM STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE D ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE T/D TITLE NAME STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE NAME DISTELL, WILLIAM H STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  Delete TITLE NAME DISTELL, WILLIAM H STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  Delete TITLE NAME STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE NAME DISTELL, WILLIAM H STREET ADDRESS STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE NAME STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE NAME STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP GULFPORT FL 33707  TITLE NAME STREET ADDRESS STREET	10.	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
STREET ADDRESS   CITY-ST-ZIP   GULFPORT FL 33707   GULFPORT FL 3	TITI E	D	☐ Delete	THLE			☐ Change	Addition
CITY-SI-ZIP   GULFPORT FL 33707	NAME	OGILVIE, JANE D		NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T/D NAME REISEN, MARIANNE REISEN, MARIANNE REISEN, MARIANNE STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S/D TITLE S/D TITLE S/D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S/D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S/D DISTEL, WILLIAM H STREET ADDRESS CITY-ST-ZIP TITLE S/D DISTEL, WILLIAM H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE S/D DISTEL, WILLIAM H STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE S/D DISTEL, WILLIAM H STREET ADDRESS S	STREET ADDRESS	PO BOX 5130		STREET ADDRESS				,
TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S	CITY-ST-ZIP	GULFPORT FL 33707	,					
TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S	TITI.E	D	Delete	TITLE	DIRECTOR	-	Change	Addition
TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S	name	ADORNATO, HELEN M		NAME	MARRIE	GABRIO		
TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S	STREET ADDRESS	3018 59TH STREET SOUTH		STREET ADDRESS	11/12 62	St. Su.		
TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D TITLE S	CITY-ST-ZIP	GULFPORT FL 99707		CITY-ST-ZIP	durport	1 KU 33707	7	
TITLE	TITLE	D	Delete	TITLE	DIRECTOR		Change	Addition
TITLE	NAME	MILFORD, JOHN A	′	NAME	WESTDUP	ES C		
TITLE	STREET ADDRESS	2845 SKIMMER POINT DRIVE SOUTH		STREET ADDRESS	18/2 - 21	P AVES 30		
TITLE	CITY - ST - ZIP	GULFPORT-FL 93707		CITY - ST - ZIP	GULFPORT,	, FL, 33707		
STREET ADDRESS   S950 PEICAN BAY PLAZA #701   STREET ADDRESS   CITY-ST-ZIP   GULFPORT FL 33707   CITY-ST-ZIP      TITLE	TITLE	D	Delete	TITLE				Addition
CITY-ST-ZIP   GULFPORT FL 33707   CITY-ST-ZIP	NAME	WOLF, WILLIAM R		NAME	Į			
TITLE	STREET ADDRESS	5950 PEICAN BAY PLAZA #701		STREET ADDRESS				
NAME REISEN, MARIANNE STREET ADDRESS CITY-ST-ZIP GULFPORT FL 33707  TITLE S/D NAME DISTEL, WILLIAM H STREET ADDRESS	GITY-ST-ZIP	GULFPORT FL 33707		CITY - ST - ZIP				
STREET ADDRESS   6219-14TH AVE S.   STREET ADDRESS   GULFPORT FL 33707   CITY-ST-ZIP	THTLE	T/D	☐ Delete	TITLE			Change	Addition
CITY-ST-ZIP         GULFPORT FL 33707         CITY-ST-ZIP           TITLE         S/D         Delete         TITLE           NAME         DISTEL, WILLIAM H         NAME           STREET ADDRESS         STREET ADDRESS	NAME	REISEN, MARIANNE		NAME				
TITLE S/D Delete TITLE Change Addition NAME DISTEL, WILLIAM H STREET ADDRESS STREET ADDRESS	STREET ADDRESS	6219-14TH AVE S.		STREET ADDRESS				
NAME DISTEL, WILLIAM H STREET ADDRESS  DISTEL, WILLIAM H STREET ADDRESS  STREET ADDRESS	CITY-ST-ZIP	GULFPORT FL 33707		CITY-ST-ZIP				
STREET ADDRESS 2926 CLINTON S. STREET ADDRESS	TITLE	S/D	☐ Delete	TITLE			☐ Change	Addition
	NAME	DISTEL, WILLIAM H		NAME	!			
CITY-ST-ZIP GULFPORT FL 33707	STREET ADDRESS	2926 CLINTON S.		STREET ADDRESS				
	CITY-ST-ZIP	GULFPORT FL 33707		CITY-ST-ZIP				

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: MARIANNE REISEN

Quiser, 3-25-06 384-3941