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

FILED DOCUMENT # N03000009624 Feb 10, 2006 08:00 AM 1. Entity Name **Secretary of State** JIMMY DEVELLANO FOUNDATION, INC. Mailing Address Principal Place of Business 46 N WASHINGTON BLVD SUITE 27 SARASOTA FL 34236 46 N WASHINGTON BLVD SUITE 27 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 56-2417801 Not Applicate Ζıρ Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWNING, GEORGE III Street Address (P.O. Box Number is Not Acceptable) 46 N WASHINGTON BLVD SUITE 27 SARASOTA FL 34236 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPST THEF ☐ Defete THE Change Addito U00000429219 DEVELLANO, JAMES NAME NAME 02/21/06-80080-011 61.25 46 N WASHINGTON BLVD SUITE 27 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 🔲 Additio THE ☐ Change BROWNING, GEORGE III NAME NAME 46 N WASHINGTON BLVD SUITE 27 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE DVS . 🗆 Delete TITLE Change ☐ Addis. MISKIEWICZ, STEVE NAME MARK 46 N WASHINGTON BLVD SUITE 27 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete TITLE Addison. TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Additio STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statules, 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: