

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

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 030 ****61.25

DOCUMENT # N03000009662

1. Entity Name

DANNAHOWER FAMILY FOUNDATION, INC.



Principal Place of Business

809 SOUTH INDIAN RIVER DR.
FT. PIERCE FL 34950

Mailing Address

809 SOUTH INDIAN RIVER DR.
FT. PIERCE FL 34950



2. Principal Place of Business

1807 S. Indian River Dr

Suite, Apt. #, etc.

3. Mailing Address

1807 S. Indian River Dr

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Fort Pierce, FL

Zip 34950

Country USA

City & State

Fort Pierce, FL

Zip 34950

Country USA

4. FEI Number

86-1090081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANNAHOWER, WILLIAM R
809 SOUTH INDIAN DR.
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

Linda D. Nunn

Street Address (P.O. Box Number is Not Acceptable)

1807 S. Ind. River Dr.

City

Fort Pierce

FL

Zip Code

34950

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

Linda D. Nunn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/2006

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	DP	<input type="checkbox"/> Delete
NAME	DAMMAHOWER, WILLIAM R	
STREET ADDRESS	809 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAMMAHOWER, LUCIA S	
STREET ADDRESS	809 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAMMAHOWER, WILLIAM D	
STREET ADDRESS	6274 N BELMONT WAY	
CITY-ST-ZIP	PARKER CO 80134	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAMMAHOWER, JAMES L	
STREET ADDRESS	306 MCKINLEY RD	
CITY-ST-ZIP	BEAVER FALLS PA 15010	

TITLE	DV	<input type="checkbox"/> Delete
NAME	DAMMAHOWER, STEPHEN B	
STREET ADDRESS	4383 ISLAND COVE LN	
CITY-ST-ZIP	CHARLOTTE NC 28216	

TITLE	DST	<input type="checkbox"/> Delete
NAME	NUNN, LINDA D	
STREET ADDRESS	1807 S INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE FL 34950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Linda D. Nunn* Linda D. Nunn Director / 1/27/06 772-995-3717