

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009919

FILED  
May 09, 2006  
Secretary of State

**Entity Name:** THE SONNY MEDEIROS FOUNDATION, INC.

**Current Principal Place of Business:**

9921 ROBINS NEST RD  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

9921 ROBINS NEST RD  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CRUZ-LOPEZ, HECTOR  
9921 ROBINS NEST RD  
BOCA RATON, FL 33496 US

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: CRUZ-LOPEZ, HECTOR  
Address: 9921 ROBINS NEST RD  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: HOWARD, RONALD A JR  
Address: 2900 PUEBLO COURT S  
City-St-Zip: COLLEGE STATION, TX 77845

Title: D ( ) Delete  
Name: RICHARDSON, CARL E  
Address: 555 DONEGAL SPRINGS RD  
City-St-Zip: MOUNT JOY, PA 17552

Title: D ( ) Delete  
Name: MATHEWS, BRUCE E  
Address: 601 N FAIRFAX ST, STE 140  
City-St-Zip: ALEXANDRIA, VA 22314

Title: D ( ) Delete  
Name: LYMAN, JONATHAN  
Address: 808 FRITZ COVE RD  
City-St-Zip: JUNEAU, AK 99801

Title: D ( ) Delete  
Name: DENNISON, JENNIFER C  
Address: 2070 W CHOCTAW DR  
City-St-Zip: LONDON, OH 43140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: HECTOR CRUZ-LOPEZ

D

05/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date