

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010716

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE LATCHMAN FOUNDATION INC.

Current Principal Place of Business:

116 NW 13 ST, STE 200
GAINESVILLE, FL 32607

New Principal Place of Business:

1803 SW 86 TERRACE
GAINESVILLE, FL 32607

Current Mailing Address:

116 NW 13 ST, STE 200
GAINESVILLE, FL 32607

New Mailing Address:

1803 SW 86 TERRACE
GAINESVILLE, FL 32607

FEI Number: 16-1690453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ERROL P
1248 OAK WATER DR
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

DAVIS, ERROL P
1803 SW 86 TERRACE
GAINESVILLE, FL 32607 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:

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLS, JOHN J III
Address: 153 GAIL LN
City-St-Zip: S WINDSOR, CT 06074

Title: S () Delete
Name: DAVIS, ERROL P
Address: 1248-OAK WATER DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T () Delete
Name: RHODEN, FRANK
Address: 4280 NW 61ST CT
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: DAVIS, ERROL P
Address: 7426 FIRESIDE LANE
City-St-Zip: FLOWERY BRANCH, GA 30542

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: ERROL DAVIS

MR

04/30/2006

Electronic Signature of Signing Officer or Director

Date