2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90404 020 ****61.25

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1. Entity Name
BOB AND HEIDE OLIVER FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134-5105	201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134-5105

2. Principal Place of Business	3. Mailing Address
9501 SW 61 Ct	9501 SW 61 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinecrest FL	City & State: Pinecrest FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

400030100

01232006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-0527386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVER, ROBERT M 9501 SOUTHWEST 61 COURT PINECREST, FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Robert M Oliver II ROBERT M OLIVER II 1/23/06 305 444 6668
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLIVER, ROBERT M IV 201 ALHAMBRA CIR., STE 510 CORAL GABLES, FL 33134	☐ Delete	PD Robert M Oliver III 9501 SW 61 Ct Pinecrest FL 33156	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST OLIVER, HEIDE N 201 ALHAMBRA CIR., STE 510 CORAL GABLES, FL 33134	☐ Delete	9501 SW 61 Ct Pinecrest FL 33156	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAATTAMA, HENRY H JR ONE SE THIRD AVE., 28TH FLOOR MIAMI, FL 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, STEPHEN R 3909 ROOSEVELT STREET HOLLYWOOD, FL 33021	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, HANCE H MD 1709 DEVINE STREET COLUMBIA, SC 29201	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert M Oliver II 1/23/06 305 444 6668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #