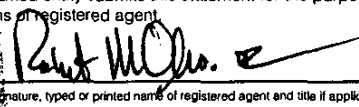


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90404 020 ****61.25

DOCUMENT # N03000011115 1. Entity Name BOB AND HEIDE OLIVER FAMILY FOUNDATION, INC.					
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134-5105				Mailing Address 201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134-5105	
2. Principal Place of Business 9501 SW 61st Suite, Apt. #, etc.		3. Mailing Address 9501 SW 61st Suite, Apt. #, etc.			
City & State Pinecrest FL		City & State Pinecrest FL		01232006 Chg-NP CR2E037 (11/05)	
Zip 33156		Country USA		4. FEI Number 20-0527386	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OLIVER, ROBERT M 9501 SOUTHWEST 61 COURT PINECREST, FL 33156				7. Name and Address of New Registered Agent 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 JR 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVER, ROBERT M 201 ALHAMBRA CIR., STE 510 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLIVER, HEIDE N 201 ALHAMBRA CIR., STE 510 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAATTAMA, HENRY H JR ONE SE THIRD AVE., 28TH FLOOR MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, STEPHEN R 3909 ROOSEVELT STREET HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, HANCE H MD 1709 DEVINE STREET COLUMBIA, SC 29201	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert M Oliver Jr 9501 SW 61st Pinecrest FL 33156	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9501 SW 61st Pinecrest FL 33156	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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:  1/23/06 305 444 6668 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					