

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90207 020 ****61.25

DOCUMENT # N04000000334					
1. Entity Name CRYSTAL D. BOHAYCHYK CHARITABLE FOUNDATION, INC.					
Principal Place of Business 5939 GOLDEN OAKS LANE NAPLES, FL 34119			Mailing Address 5939 GOLDEN OAKS LANE NAPLES, FL 34119		
2. Principal Place of Business 4100 Corporate Square Suite, Apt. #, etc. Suite # 107 City & State NAPLES, FL Zip 34104		3. Mailing Address 4100 Corporate Square Suite, Apt. #, etc. Suite # 107 City & State NAPLES, FL Zip 34104		01262006 Chg-NP CR2E037 (11/05)	
Country USA		Country USA		4. FEI Number 73-1693635	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOHAYCHYK, MICHAEL P 5939 GOLDEN OAKS LANE NAPLES, FL 34119			7. Name and Address of New Registered Agent Name: Michael P. Bohaychyk Street Address (P.O. Box Number is Not Acceptable): 4100 Corporate Square Suite # 107 City: NAPLES FL Zip Code: 34104		
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: <u>Michael P. Bohaychyk</u> DATE: <u>1/27/06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BOHAYCHYK, MICHAEL P 5939 GOLDEN OAKS LANE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4100 Corporate Square Suite # 107 NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHAYCHYK, CHARLES III 5939 GOLDEN OAKS LANE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHAYCHYK, CHRISTOPHER J 5939 GOLDEN OAKS LANE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHAYCHYK, CHARLES IV 5939 GOLDEN OAKS LANE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael P. Bohaychyk</u>			Date: <u>1/27/06</u> Daytime Phone #: <u>(239) 825-4285</u>		