2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# N04000002077

Entity Name: BLACKTHORN MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

5830 12TH ST. NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

7144 20TH ST. NORTH
ST. PETERSBURG, FL 33702

Current Mailing Address:

5830 12TH ST. NORTH
ST. PETERSBURG, FL 33703

New Mailing Address:

7144 20TH ST. NORTH
ST. PETERSBURG, FL 33702

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:

CHASSEREAU, JOHN L JR.
7144 20TH ST. NORTH
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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: CHASSEREAU, JOHN L SR.
Address: 5830 12TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete
Name: CHASSEREAU, JOHN L JR.
Address: 7144 20TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete
Name: NICKLAY, CHERYL
Address: 31815 W. CHICAGO
City-St-Zip: LIVONIA, MI 48150

Title: D ( ) Delete
Name: PROSKO, MOLLY
Address: 11423 STATE HWY. 213
City-St-Zip: TORONTO, OH 43964

Title: D ( ) Delete
Name: ROVOLIS, JAMES T
Address: 606 WANDO ST.
City-St-Zip: COLUMBIA, SC 29205

Title: D ( ) Delete
Name: WILSON, FRANCIS R
Address: 1875 69TH AVE. ORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: YAWN, ROY
Address: 7670 85TH LANE
City-St-Zip: LARGO, FL 33777

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: JOHN L. CHASSEREAU, JR. D 09/05/2006

Electronic Signature of Signing Officer or Director — Date