


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000003026</b> 1. Entity Name <b>THE RODNEY D. TINSON FOUNDATION, INC.</b>	
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Principal Place of Business <b>550 NORTHWOOD ROAD WEST PALM BEACH FL 33407</b>	Mailing Address <b>P.O. BOX 6445 WEST PALM BEACH FL 33405</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE      CR2E037 (4/06)

4. FEI Number <b>20-2600277</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>PILOTTE, FRANK T 340 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW - FEE IS \$61.25</b> <b>Due By September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINSON, RODNEY D	NAME	
STREET ADDRESS	550 NORTHWOOD ROAD	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	CITY - ST - ZIP	
			U00000573790 08/08/06-80001-007 70.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENN, HERBERT	NAME	
STREET ADDRESS	550 NORTHWOOD ROAD	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLRED, STEVEN	NAME	
STREET ADDRESS	550 NORTHWOOD ROAD	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAINE, DAVID	NAME	
STREET ADDRESS	550 NORTHWOOD ROAD	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**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: *Herbert Benn* 8-1-06 561-835-1093