


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000006840**  
 1. Entity Name  
**THE EVELYN AND DAVID SNYDER FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**11359 RIVERS BLUFF CIRCLE**      **11359 RIVERS BLUFF CIRCLE**  
**BRADENTON, FL 34202**              **BRADENTON, FL 34202**

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-NP      CR2E037 (11/05)

4. FEI Number <b>20-1365346</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**SIEGEL, STUART J**  
**11359 RIVERS BLUFF CIRCLE**  
**BRADENTON, FL 34202**

**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIEGEL, STUART J 11359 RIVERS BLUFF CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIEGEL, PAULA 11359 RIVERS BLUFF CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENZIES, DANIELLE M 4665 ARBORFIELD ROAD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000538078  
 05/03/06-80044-003 61.25

**DO NOT WRITE IN THIS SPACE**

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:**  **DIRECTOR**      4/17/06      741 727-3045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #