

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011416

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE ECHO FOUNDATION INC.

Current Principal Place of Business:

218 NW VIRGO CT
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

218 NW VIRGO CT
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 59-3793965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCALCO, DOROTHY C
218 NW VIRGO CT.
PORT ST LUCIE, FL 34983 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: P () Delete
Name: SCALCO, DOROTHY C
Address: 218 NW VIRGO CT
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP () Delete
Name: SCALCO, RUSSELL A
Address: 218 NW VIRGO CT
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: S () Delete
Name: WILLIAMS, LENORE
Address: 870 NW 86TH AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILLIAMS, LENORE
Address: 440 NW BREEZY POINT LOOP
City-St-Zip: PORT ST. LUCIE,, FL 34986 US

Title: PLAN () Change (X) Addition
Name: HUKIN, SIMON G
Address: 392 SOLIDA CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: TREA () Change (X) Addition
Name: HUKIN, AMY B
Address: 392 SOLIDA CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34983

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: DOROTHY SCALCO

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date