2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N04000011865

Entity Name: MAKE A DIFFERENCE HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

6161 DR. MARTIN LUTHER KING JR. ST NO.
SUITE 205
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

6161 DR. MARTIN LUTHER KING JR. ST NO.
SUITE 205
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 20-2066152 **FEI Number Applied For ( )** **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:

BRAMLET, DALE G
6161 DR. MARTIN LUTHER KING JR. ST NO.
SUITE 205
ST. PETERSBURG, FL 33703 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: VD ( ) Delete
Name: BRAMLET, DALE G
Address: 6161 DR. MARTIN LUTHER KING JR. ST NO.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: SD ( ) Delete
Name: FROST, JACK
Address: 6161 DR. MARTIN LUTHER KING JR. ST NO.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: TD ( ) Delete
Name: JONES, CHARLES A III
Address: 870 LIVE OAK AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: LEVIN, NORMAN ESQ
Address: 6161 DR. MARTIN LUTHER KING JR. ST NO.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: TD (X) Change ( ) Addition
Name: ROGERS, MARGARET R
Address: 852 3RD AVENUE SOUTH
City-St-Zip: TIERRA VERDE, FL 33715

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: MARGARET R. ROGERS TD 07/05/2006
Electronic Signature of Signing Officer or Director — Date