

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007191

FILED
Jan 05, 2006
Secretary of State

Entity Name: HUDSON FAMILY CHARITALBE FOUNDATION, INC.

Current Principal Place of Business:

6826 SW BELVOIR DR
ARCADIA, FL 34269

New Principal Place of Business:

Current Mailing Address:

6826 SW BELVOIR DR
ARCADIA, FL 34269

New Mailing Address:

FEI Number: 20-4019207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOTITZKY, EDWARD
%WOTITZKY WOTITZKY ROSS GOLDMAN ET AL PA
109 TAYLOR ST - STE 112
PUNTA GORDA, FL 33950 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: PTD () Delete
Name: HUDSON, LARRY
Address: 6826 SW BELVOIR DR
City-St-Zip: ARCADIA, FL 34269

Title: VPSD () Delete
Name: HUDSON, SYLVIA
Address: 6826 SW BELVOIR DR
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: HUDSON, AARON
Address: 6826 SW BELVOIR DR
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: BEVERLY, RITA H
Address: 6826 SW BELVOIR DR
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: WOTITZKY, EDWARD
Address: 109 TAYLOR ST - STE 112
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: SOLOMON, GENE R
Address: 1342 COLONIAL BLVD - # 13
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: LARRY E HUDSON

PTD

01/05/2006

Electronic Signature of Signing Officer or Director

Date