

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007730

FILED  
May 15, 2006  
Secretary of State

**Entity Name:** THE NANCY MACKLE STRINGER FOUNDATION, INC.

**Current Principal Place of Business:**

221 KNOLLWOOD DR  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

221 KNOLLWOOD DR  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

**Name and Address of New Registered Agent:**

STRINGER, JAMES SR  
221 KNOLLWOOD DR  
KEY BISCAYNE, FL 33149 US

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: DP ( ) Delete  
Name: STRINGER, JAMES JR.  
Address: 221 KNOLLWOOD DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DV ( ) Delete  
Name: STRINGER, JAMES SR.  
Address: 221 KNOLLWOOD DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD ( ) Delete  
Name: STRINGER, CAROLYN M SR.  
Address: 1600 S BAYSHORE LN #3C  
City-St-Zip: MIAMI, FL 33133

**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:

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: JAMES STRINGER, SR.

DV

05/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date