

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009611

FILED  
May 11, 2006  
Secretary of State

**Entity Name:** FRANCIS & KATHLEEN ROONEY FOUNDATION, INC.

**Current Principal Place of Business:**

1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110

**New Principal Place of Business:**

1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

**Current Mailing Address:**

1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110

**New Mailing Address:**

1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

**FEI Number:** 20-3511593      **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:**

COX, JOE B  
1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

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

COX, JOE B ESQ.  
1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 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: JOE B. COX

05/11/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD ( ) Change (X) Addition  
Name: ROONEY, KATHLEEN C  
Address: 1185 IMMOKALEE ROAD, SUITE 110  
City-St-Zip: NAPLES, FL 34110 US

Title: VPD ( ) Change (X) Addition  
Name: MALONE, LINDA  
Address: 1185 IMMOKALEE ROAD, SUITE 110  
City-St-Zip: NAPLES, FL 34110 US

Title: SD ( ) Change (X) Addition  
Name: COX, JOE B  
Address: 1185 IMMOKALEE ROAD, SUITE 110  
City-St-Zip: NAPLES, FL 34110 US

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: JOE B. COX

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05/11/2006

Electronic Signature of Signing Officer or Director

Date