

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010170

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** RAYMOND B. VICKERS FOUNDATION, INC.

**Current Principal Place of Business:**

109 MAGNOLIA STREET  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

109 MAGNOLIA STREET  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

**FEI Number:** 20-3570950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZGERALD, SAMANTHA J  
1395 BRICKELL AVE  
14TH FLOOR  
MIAMI, FL 33131 US

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

FITZGERALD, SAMANTHA J  
100 SOUTHEAST THIRD AVENUE  
1100  
FORT LAUDERDALE, FL 33394 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: SAMANTHA J. FITZGERALD

04/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VICKERS, RAYMOND B  
Address: 811 LAKE RIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: DUGGAR, ED  
Address: 1391 TIMBERLANE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: VICKERS, SARAH P  
Address: 111 ROSE PLACE  
City-St-Zip: NEPTUNE BEACH, FL 32266

**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: RAYMOND B. VICKERS

D

04/13/2006

Electronic Signature of Signing Officer or Director

Date