

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012070

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** DAVIS FAMILY ALTRUISTIC FOUNDATION, INC.

**Current Principal Place of Business:**

4205 METZGER RD  
FT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 186  
FT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 20-3903884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, DOUGLAS F  
4205 METZGER RD  
FT PIERCE, FL 34947 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:** D  
**Name:** DAVIS, DOUGLAS F  
**Address:** 4205 METZGER RD  
**City-St-Zip:** FT PIERCE, FL 34947

**Title:** D  
**Name:** DAVIS, RICHARD K  
**Address:** 7885 SADDLEBROOK DR  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** D  
**Name:** DAVIS, NANCY B  
**Address:** 7885 SADDLEBROOK DR  
**City-St-Zip:** PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

**SIGNATURE:** DOUGLAS DAVIS

D

03/15/2011

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

\_\_\_\_\_  
Date