



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90026 035 ****61.25

DOCUMENT # N05000012463 1. Entity Name SHACTER FAMILY FOUNDATION, INC.					
Principal Place of Business % DAVID A. SHACTER 6101 GAZEBO PARK PLACE NORTH, SUITE 107 JACKSONVILLE, FL 32257			Mailing Address % DAVID A. SHACTER 6101 GAZEBO PARK PLACE NORTH, SUITE 107 JACKSONVILLE, FL 32257		
2. Principal Place of Business <u>426 Orange Bluff Ave.</u> Suite, Apt. #, etc.		3. Mailing Address <u>426 Orange Bluff Ave.</u> Suite, Apt. #, etc.			
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>		4. FEI Number <u>20-3928519</u>	
Zip <u>32211</u>		Country <u>FL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHACTER, DAVID A 6101 GAZEBO PARK PLACE NORTH SUITE 107 JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>David A. Shacter</u> <u>DIRECTOR</u> July 7th, 2006 <small>Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHACTER, DAVID A 6101 GAZEBO PARK PLACE NORTH JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>426 Orange Bluff Ave.</u> <u>Jacksonville, FL 32211</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHACTER, MELODY D 6101 GAZEBO PARK PLACE NORTH JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>426 Orange Bluff Ave.</u> <u>Jacksonville, FL 32211</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHACTER, BARRY S 400 NORTH PINE ISLAND ROAD, SUITE 300 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David A. Shacter</u> <u>DIRECTOR</u> July 7th, 2006 904-465-2514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					