2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012754

1. Entity Name THE ANDRE FAMILY FOUNDATION, INC.



Secretary of State 03-27-2006 90271 010 ****61.25

FILED

Mar 27, 2006 8:00 am

Principal Place of Business 100 RIALTO PLACE, STE, 950 MELBOURNE, FL 32901

Mailing Address 100 RIALTO PLACE, STE. 950

50005791 MELBOURNE, FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite. Apt. #. etc. 03212006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 20-3966428 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NASH, CHARLES I. ESQ. Street Address (P.O. Box Number is Not Acceptable) 440 S. BABCOCK STREET . MELBOURNE, FL 32901 ... City Zin 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signisture required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Trust Fund Contribution. Fiorida Department of State Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ■ Addition Delete DUE TITLE ANDRE, JEANNE M. NAME NAME 100 RIALTO PLACE, STE. 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☐ Addition DVST ☐ Delete TITLE TITLE ANDRE, EDWARD A. NAME NAME STREET ADDRESS STREET ADDRESS 100 RIALTO PLACE, STE. 950 CITY-ST-ZIP MELBOURNE, FL 32901 CTY-ST-7P ☐ Change ☐ Delete ☐ Addition TITLE TITLE ANDRE, JESSICA L. NAME NAME STREET ADDRESS 100 RIALTO PLACE, STE. 950 STREET ADORESS CETY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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 dustee 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 advother like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7P

EDWARD A. ANDRE

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNONS OFFICER OR DIRECTOR

21MAKO6

121-725-9605