


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N06073

1. Entity Name
THE ASHINGTON-PICKETT FOUNDATION, INC.



Principal Place of Business Mailing Address

**1307 MONTCALM ST
ORLANDO FL 32806
US** **1307 MONTCALM STREET
ORLANDO FL 32806-7055
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

59-2489531 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASHINGTON-PICKETT, MICHAEL D.
1307 MONTCALM STREET
ORLANDO FL 32806**

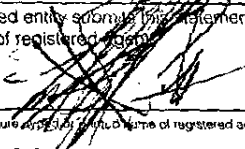
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity solemnly declares 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:  **NOT AVAILABLE.**

Signature of registered agent or name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

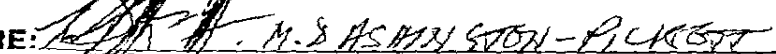
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	OP	<input type="checkbox"/> Delete
NAME	ASHINGTON-PICKETT, M.	
STREET ADDRESS	1307 MONTCALM STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ASHINGTON-PICKETT, S.	
STREET ADDRESS	1307 MONTCALM STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHINGTON-PICKETT II, MICHAEL	
STREET ADDRESS	1307 MONTCALM STREET	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHINGTON-PICKETT, CLAIRE	
STREET ADDRESS	1307 MONTCALM STREET	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **M. D. ASHINGTON-PICKETT** 2/1/06 4678511