


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06938</b> 1. Entity Name <b>DELANGE FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>14200 SW 216 STREET MIAMI, FL 33170</b>	Mailing Address <b>14200 SW 216 STREET MIAMI, FL 33170</b>
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2483255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DELANGE, DANIEL  
21101 SW 134TH AVENUE  
MIAMI, FL 33177**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD DELANGE, DANIEL 13721 SW 97 AVENUE MIAMI, FL 331766867</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DELANGE, PHILLIP 5600 BENT PINE DRIVE VERO BEACH, FL 32967</b>
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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: *Daniel Delange* 01/05/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #