

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90049 005 \*\*\*\*61.25

**DOCUMENT # N15617**

1. Entity Name  
**THE C. KENNETH AND LAURA BAXTER FOUNDATION,  
INC.**



Principal Place of Business  
**505 S. FLAGLER DR.  
SUITE 900  
WEST PALM BEACH, FL 33401**

Mailing Address  
**505 S. FLAGLER DRIVE  
SUITE 900  
WEST PALM BEACH, FL 33401**

**60008472**



01092006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2706460**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARKLEY, PAMELA  
13110 LAMIRADA CIRCLE  
WELLINGTON, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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	PD
NAME	BAXTER, LAURA
STREET ADDRESS	624 ISLAND DR.
CITY-ST-ZIP	PALM BEACH, FL
TITLE	VD
NAME	TROWBRIDGE, CALLOWAY III
STREET ADDRESS	132 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL
TITLE	VD
NAME	MARKLEY, PAMELA
STREET ADDRESS	13110 LAMIRADA CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VD
NAME	DONTEN, DAVID
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE 900
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Deceased  
Delete*

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-20-06*

Date

*561-832-9292*

Daytime Phone #