

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

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N18363

1. Entity Name
THE STRANG FOUNDATION, INC.



Principal Place of Business
**200 AVE. B N.W.
P.O. BOX 194
WINTER HAVEN, FL 33880 US**

Mailing Address
**P.O. BOX 194
P.O. BOX 194
WINTER HAVEN, FL 33882-0194 US**



04252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2842475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STRANG, CARL J., III
200 AVE. B., N.W.
WINTER HAVEN, FL 33881**

**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 NAME STREET ADDRESS CITY- ST- ZIP	PD STRANG, CARL J. III 200 AVENUE B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD STRANG, CARL J. JR. 200 AVENUE B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROONEY, EVE STRANG 248 FRENCHMAN'S CREEK WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STRANG, JOHN WALTON 200 AVE. B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STRANG, MAX WILSON 200 AVE. B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000538045
05/09/06-80024-020 61.25

**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: