


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N24125 1. Entity Name HUIZENGA FAMILY FOUNDATION, INC.	
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Principal Place of Business 450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301	Mailing Address 450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0018158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 1 SE 3RD AVENUE 27TH FLOOR MIAMI, FL 33131
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	DP HUIZENGA, H. WAYNE JR. 1527 SE 11TH STREET FT. LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUIZENGA, H. WAYNE 516 MOLA AVENUE FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HUIZENGA, MARTHA J. 516 MOLA AVE. FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, HARRIS W 450 EAST LAS OLAS BLVD., 15 FLOOR FT. LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRANDEN, CRIS V 450 E. LAS OLAS BLVD, #1500 FORT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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05/13/06-80041-004 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 4/25/06 Daytime Phone # _____