


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90152 047 \*\*\*\*61.25

<b>DOCUMENT # N28430</b> 1. Entity Name <b>LAFAYETTE PENNY FOUNDATION, INC.</b>	
---	---

Principal Place of Business <b>P.O. BOX 884 MAYO, FL 32066</b>	Mailing Address <b>P.O. BOX 884 MAYO, FL 32066</b>
---	---

**DO NOT WRITE IN THIS SPACE**

40068354



02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2842027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CARVER, AMY W.  
LAFAYETTE COUNTY COURT HOUSE  
ANNEX-EAST ROOM  
MAYO, FL 32066**

**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

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HUGH M. 5050 N.W. DIXIE TRAIL MAYO, FL 320683011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, DOYLE 7825 N.W. C.R. 251 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERASO, MILTON E. ANGIE PO BOX 58 N/A MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFT, W.G. JR. PO BOX 214, FLOYD & PARK MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWETT, JOHN C. PO BOX 308, CR 400 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, DONALD C. 805 S.E. BETHEL WALKER CREEK RD. BRANFORD, FL 32008

**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:** Hugh M. Smith **HUGH M. SMITH, PRESIDENT** 4-8-2006 386-294-2063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #