2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N35910

1. Entity Name
SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MYRIAM ANDRADE 700 N.W. 28TH ST. (NG ARMORY) MIAMI, FL 33127 US	C/O MYRIAM ANDRADE 700 NW 28TH ST MIAMI, FL 33127

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01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0161527

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, ARTHUR
700 NW 28TH STREET
NG ARMORY
MIAMI, FL 33127-4096

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P/D
NAME	WELLS, ARTHUR
STREET ADDRESS	700 NW 28TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	T/S
NAME	ANDRADE, MYRIAM
STREET ADDRESS	700 NW 28 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	V/D
NAME	YOUNG, JEFFREY
STREET ADDRESS	700 NW 28 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	MD
NAME	SLAGLE, REGLA
STREET ADDRESS	700 NW 28TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	MD
NAME	ANDRES, ICILDA
STREET ADDRESS	700 NW 28 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	MD
NAME	ZEVALLOS, DARIO
STREET ADDRESS	700 NW 28TH STREET
CITY-ST-ZIP	MIAMI, FL 33127

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02/10/06-80053-023 61.25

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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: ARTHUR C. WELLS January 25, 2006 305-409-8517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #