


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90111 038 ****61.25

DOCUMENT # N37756 1. Entity Name D.K. ROBERTS, II MEMORIAL FUND, INC.					
Principal Place of Business DIMITRIJE ZRAVKOVICH 3955 BERLIN DRIVE SARASOTA, FL 34233			Mailing Address DIMITRIJE ZRAVKOVICH 3955 BERLIN DRIVE SARASOTA, FL 34233		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0215846	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZDRAVKOVICH, DIMITRIJE 3955 BERLIN DRIVE SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAKE, FRANK <input checked="" type="checkbox"/> Delete 1479 TANGIER WAY SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZDRAVKOVICH, Dimitrije <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3955 BERLIN DR SARASOTA <i>(Resubmit)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZDRAVKOVICH, DIMITRIJE <input type="checkbox"/> Delete 3955 BERLIN DRIVE SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, HELENE <input type="checkbox"/> Delete 1479 TANGIER WAY SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRINEAU, WM <input type="checkbox"/> Delete 6907 STETSON ST CIRCLE SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Dimitrije Zdravkovich</i> Dimitrije Zdravkovich <i>1/19/2006 941 924 2395</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					