## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2006 8:00 am **Secretary of State** DOCUMENT # N38819 1. Entity Name 03-16-2006 90241 028 \*\*\*\*61.25 EDMOND J. AND JEAN SPENCE FOUNDATION, INC. Principal Place of Business Mailing Address C/O JEAN SPENCE 1220 N. OCEAN BLVD. JEAN SPENCE 1220 N. OCEAN BLVD. GULF STREAM FL 33483-7232 **GULF STREAM FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0201974 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCE, REGINA W Street Address (P.O. Box Number is Not Acceptable) 1220 N OCEAN BLVD **GULF STREAM FL 33483** City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPENCE, REGINA W. NAME NAME 1220 N OCEAN BLVD. STREET ADDRESS STREET ADDRESS GULF STREAM FL CITY-ST-7IP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SLATTERY, CAROL NAME NAME 1220 N OCEAN BLVD. STREET ADDRESS STREET ADDRESS GULF STREAM FL CITY-ST-ZIP CITY-ST-7IE TITLE Addition TITLE X Delete NAME CORRELL, DALE J. NAME Redgrave, Arthur R. 120 E. Palmetto Park Road, Suite 450 STREET ADDRESS 5720 G COACH HOUSE CIR STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP Boca Raton, Florida 33432 City-St-719 ☐ Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

egina W. Spence

3/ 3/06

(561) 276-3958

FILED