## APPROVILE AND FILED

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

06 APR 29 AMII: 18 DOCUMENT # N42233 1. Entity Name SECRETARY OF STATE THE FLORIDA ENDOWMENT FOUNDATION FOR TALLAHASSEE, FLORIDA VOCATIONAL REHABILITATION, INC. Principal Place of Business Mailing Address 106 E COLLEGE AVE 106 E COLLEGE AVE 820 SUITE 820 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chq-NP CR2E037 (4/06) City & State City & State Applied For 4. FEI Number 59-3052307 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFITH, SHARON 3311 VAILLAN CT. Street Address (P.O. Box Number is Not Acceptable) 106\_East College Avenue, Suite 820 TALLAHASSEE, FL 32312 Tallahassee, FL 32301 City Zip Code FL 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. 4/28/06 Sharon Griffith, Registered Agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5,00 May Be Make check payable to  $\Box$ Trust Fund Contribution Florida Department of State Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delele TITLE D. Change ☐ Addition AMORES, ELADIO A NAME NAME STREET ADDRESS \$600 N. Washington Blvd., Rm 216 STREET ADDRESS TAMPA INTERNATIONAL AIRPORT, SUITE A-24 CITY-ST-7IP TAMPA, FL 33607 CITY-ST-7IP Barasota, FL 34234 27 D K Change Delete TITLE ☐ Addition FIILE BONSUK, FLORENCE M NAME NAME Seiler, Florence M. (last name change) STREET ADDRESS 4410 LACEY OAK DRIVE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change Addition DOLAN, JAMES P NAME NAME 200074326262 STREET ADDRESS 3556 SILVERY LANE STREET ADDRESS 05/10/06--01009--015 \*\*61.25 JACKSONVILLE, FL 32217 CITY-ST-ZIP CITY - ST - ZIP VCD ☐ Change ★☐ Addition TITLE X Delete TITLE D. SMITH, JAMES L NAME NAME Havens, Jason E. STREET ADDRESS 205 SW 75TH ATREET APT 3F STREET ADDRESS 4400 East Highway 20, Suite 211 GAINESVILLE, FL 32607 CITY-ST-ZIP CITY - ST - ZIP Niceville, FL RITLE CD ☐ Delete THILE ■ Addition MCNENNEY, DENNIS A NAME NAME 11819 SW 78TH STREET APT 3F STREET ADDRESS 709 Brush Foot Drive STREET ADDRESS GAINESVILLE, FL 32607 CITY-ST-ZIP CITY-ST-ZIP <u>S</u>ebastian <u>FL 32958</u> s/D Change X Addition TITLE ☐ Delete TIBLE PALLANGO, BRIDGET R NAME NAME Payne, Sherra G. STREET ADDRESS 14130 S. BISCAYNE RIVER DRIVE STREET ADDRESS 4002 Buchanan St. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33161 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Turther 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. Florence M. Seiler, Chair

5/100

4/28/06

Daytime Phone #

Date

Addition:

D/VC Saunders, James G. 9616 Green Pointe Drive Tampa, FL 33626