## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N43449

FILED Jul 20, 2006 Secretary of State

Entity Na	me: THE RUTH MUNCE FOUNDATION, I	NC.	
Current P	Principal Place of Business:	New Principal Place of Business:	
415 2ND S INDIAN RO	STREET OCKS BEACH, FL 33785 US		
Current M	Mailing Address:	New Mailing Address:	
641 BRYN	MUNCE, CPA I MAWR STREET D, FL 32804 US		
	r: 59-3075055 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.	)
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
MUNCE, F	ROBERT L		
INDIAN Ro	OCKS BEACH, FL 33785 US e named entity submits this statement for the	purpose of changing its registered office or registered agent, or be	ooth,
The above	OCKS BEACH, FL 33785 US e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or be	ooth,
INDIAN Ro	OCKS BEACH, FL 33785 US e named entity submits this statement for the e of Florida. RE:		ooth,
The above	OCKS BEACH, FL 33785 US e named entity submits this statement for the e of Florida.		ooth,
The above in the State	OCKS BEACH, FL 33785 US e named entity submits this statement for the e of Florida. RE:		
The above in the State	OCKS BEACH, FL 33785 US e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A	gent Date	
The above in the State SIGNATUI  OFFICER  Title: Name: Address:	OCKS BEACH, FL 33785 US e named entity submits this statement for the e of Florida.  RE: Electronic Signature of Registered A S AND DIRECTORS:  D () Delete SPEER, LYNNDA 8615 MITCHELL RANCH RD	gent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition  Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G M MUNCE TRES 07/20/2006