

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 20, 2006
Secretary of State**

DOCUMENT# N43449

Entity Name: THE RUTH MUNCE FOUNDATION, INC.

Current Principal Place of Business:

415 2ND STREET
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

C/O G.M. MUNCE, CPA
641 BRYN MAWR STREET
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3075055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MUNCE, ROBERT L
415 2ND STREET
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPEER, LYNNDA
Address: 8615 MITCHELL RANCH RD
City-St-Zip: NEW PORT RICHEY, FL

Title: PD () Delete
Name: MUNCE, ROBERT,
Address: 415 2ND STREET
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TD () Delete
Name: MUNCE, G M,
Address: 641 BRYN MAWR STREET
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

TRES

07/20/2006

Date