


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90044 023 ****61.25

DOCUMENT # N45628 1. Entity Name THE MICHAEL FOUNDATION, INC.	
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Principal Place of Business 1200 N FEDERAL HWY, STE 420 BOCA RATON, FL 33432	Mailing Address 1200 N FEDERAL HWY, STE 420 BOCA RATON, FL 33432
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02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1992204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR
1200 N FEDERAL HWY #420
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, EDWARD 1502 GUNPOWDER RD. PHOENIXVILLE, PA 19460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, MARSHA 1502 GUNPOWDER RD PHOENIXVILLE, PA 19460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Francine Adams-Marquiss 8635 SE 28th Ave. Milwaukie, OR 97222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Edward R. Hill EDWARD R. HILL 2-7-06 610-935-7043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #