

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46180

FILED
Jan 13, 2006
Secretary of State

Entity Name: FRANCES PEW HAYES FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5125 KENSINGTON HIGH STREET
NAPLES, FL 34105 US

New Principal Place of Business:

649 5TH AVENUE SOUTH
206
NAPLES, FL 34102 US

Current Mailing Address:

5125 KENSINGTON HIGH STREET
NAPLES, FL 34105 US

New Mailing Address:

649 5TH AVENUE SOUTH
206
NAPLES, FL 34102 US

FEI Number: 65-0297367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTMAN, CARL E
3003 TAMIAMI TRAIL N
SUITE 300
NAPLES, FL 34103 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: PD () Delete
Name: HAYES, FRANCES PEW,
Address: 5114 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 341055648

Title: VD () Delete
Name: BLACK, J. HOWARD P
Address: 5125 KENSINGTON HIGH STREET
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: SOLOMON, GENE R.,
Address: 6747 DANAH COURT
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: WESTMAN, CARL E. ESQ, UIRE
Address: 1952 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLACK, J HOWARD P
Address: 2316 PINE RIDGE RD #473
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change () Addition
Name: WESTMAN, CARL E
Address: 1952 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34102

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

Title: D (X) Change () Addition
Name: BLACK, MARY S
Address: 2316 PINE RIDGE ROAD #473
City-St-Zip: NAPLES, FL 34109

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: J HOWARD P. BLACK

PD

01/13/2006

Electronic Signature of Signing Officer or Director

Date