


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90010 045 ****61.25

DOCUMENT # N46222	
1. Entity Name THALER/HOWELL FOUNDATION, INC.	

Principal Place of Business 529 S. FLAGLER DR 23H WEST PALM BEACH, FL 33401 US	Mailing Address 529 S. FLAGLER DR 23H WEST PALM BEACH, FL 33401 US
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2. Principal Place of Business <u>2214 GENEVIEVE CT.</u>	3. Mailing Address <u>2214 GENEVIEVE CT.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>TALLAHASSEE, FL</u>	City & State <u>TALLAHASSEE, FL</u>
Zip <u>32312</u>	Zip <u>32312</u>
Country <u>US</u>	Country <u>US</u>

6. Name and Address of Current Registered Agent	
THALER, MANLEY H. 700 N OLIVE AVE WEST PALM BEACH, FL 33401	



01142006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0301944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THALER, MANLEY H. 700 N OLIVE AVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THALER, DORISEVE 529 S FLAGLER DR #23<H WEST PALM BCH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THALER, DORISEVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2214 GENEVIEVE CT. TALLAHASSEE, FL. 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THALER, PETER M. 646 CHURCH ST SAN FRANCISCO, CA 94114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THALER, ROBERT D. 8853 WINGED FOOT DRIVE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Manley H. Thaler, PRESIDENT</u>	Date: <u>1/16/06</u>	Daytime Phone #: <u>561 659 1183</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>MANLEY H. THALER</u>		