


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM  
Secretary of State

DOCUMENT # N93000002213														
1. Entity Name DIANE KIP TURNER CHARITABLE FOUNDATION, INC.														
Principal Place of Business 1124 6TH ST S NAPLES, FL 34102	Mailing Address P.O. BOX 117 LAKE LAND, FL 33802													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent  MARTIN, E. SNOW S JR 200 LAKE MORTON DR. LAKE LAND, FL 33801		DO NOT WRITE IN THIS SPACE												
<p>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.</p> <p>SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></p>														
<p><b>Filing Fee is \$61.25 Due by May 1, 2006</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>												
<p>10. OFFICERS AND DIRECTORS</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>D TURNER, DIANE K 1124 6TH ST S NAPLES, FL 34102</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>D GIRARD, PETRICIA T 1124 6TH ST S NAPLES, FL 34102</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>D JARNAGIN, DOUGLAS C 7052 ISLAND LAKE LANE LAKE LAND, FL 33813</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DIANE K 1124 6TH ST S NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRARD, PETRICIA T 1124 6TH ST S NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARNAGIN, DOUGLAS C 7052 ISLAND LAKE LANE LAKE LAND, FL 33813	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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<p>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.</p> <p>SIGNATURE: <u><i>Diane K. Turner</i></u> <u>1/6/06</u> <u>239-430-6808</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small></p>														



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0417972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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01/11/06-80024-017.61.25

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