

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004067

FILED
Mar 15, 2006
Secretary of State

Entity Name: FRENCHMAN'S CREEK CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

13495 TOURNAMENT DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

13495 TOURNAMENT DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0440215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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: HABUSH, ROBERT
Address: 3040 MIRO DRIVE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: 1VPD () Delete
Name: PETRICOFF, MARK
Address: 3278 DEGAS DRIVE EAST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: 2VPD () Delete
Name: WISEMAN, IRVING
Address: 13141 BURGUNDY DRIVE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: 3VPD () Delete
Name: BROWN, ANN
Address: 22734 RHONE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: SILBER, ART
Address: 3567 LOIRE LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: PRITCH, MARK
Address: 2811 CALAIS DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

Title: 3VPD (X) Change () Addition
Name: SACKETT, TERRI
Address: 13297 PROVENCE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ROBERT HABUSH

PD

03/15/2006

Electronic Signature of Signing Officer or Director

Date