2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 29, 2006 8:00 am

NAME STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450 TITLE VPT WILLIAMS, JOHN TRIBL AS CANAS COURT TRIBLET ADDRESS CITY-ST-ZIP TITLE VALUBSCHER, JUDY O STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 TITLE T NAME CASTROMAN, EMILIO STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 TITLE T NAME CASTROMAN, EMILIO T TITLE T NAME CASTROMAN, EMILIO T T NAME ABBOTT, CAROL L SIREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32504 CITY-ST-ZIP CRANDO FL 32504 CITY-ST-ZIP CASTROMAN O FL 32806 - 6902	DOCUMENT # N9300005215 1. Entity Name THE SUMMIT ENDOWMENT FOUNDATION, INC.				A. I	ecretary 3-29-2006 9013			
Suite, Apt. #, etc. City & State Ci	700 EAST WELCH RD. 7		700 EAST WELCH RD.					777 11 11	
City & State Ci	2. Principal Place of Business		3. Mailing Address						
Spazzona	Suite, Apt. #, etc.		Suite, Apt. #, etc.		· ·	Chg-NP C	· · · · · · · · · · · · · · · · · · ·		
S. Collinate of Settles Desired Fee Required Fee Required			, , , , , , , , , , , , , , , , , , ,			96	No	Applicable	
Name SUZANKE P CONNOLLY	Zip			Country			Fee Required		
SUZANNE F. CONNOLLY Street Address (P.O. Box Number in Not Acceptable) TO D. E. WELCH ROAD CITY POPKA The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE P. CONNOLLY SIGNATURE		6. Name and Address of Current I	Registered Agent	None	7. Name and Ad	Idress of New Regis	stered Agent		
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. SIGNATUFE FIlling Foe 1s \$61.25 Due by May 1, 2006 PST Due by May 1, 2006 PST DUE CHARLEM PST DUE CHARLEM PST DOLE, CHARLEM SIRET ADDRESS 3311 S. COUNTRY CLUB DRIVE ITTLE VPT MAKE CITY-ST-2P ACKSONVILLE, FL 32256 DIE Belete TITLE MAKE CITY-ST-2P ACKSONVILLE, FL 32256 CITY-ST-2P ACKSONVILLE, FL 32256 CITY-ST-2P CRANDEL ACKSONVILLE, FL 322804 CITY-ST-2P CRANDEL ACKSONVILLE, FL 32304 CITY-ST-2P CRANDEL ACKSONVILLE ACKSON	3311 S. COUNTRY CLUB DRIVE				SUZANDE P. CONNOLLY				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU				O'A	700 E.	WELCH	ROAD		
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Filing Fee is \$81.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. PST Due by May 1, 2006 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SIREST ADDRESS CITY-ST-2IP VPT WILLIAMS, JOHN SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST WILLIAMS, JOHN SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP VPT WILLIAMS, JOHN SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PST J2AN A. LEFFLER SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DELTONAL TO OFFICERS AND DIRECTORS IN 10 DELTONAL TO OFFICERS AND DIRECTORS IN 10 TITLE TT MAME SIREST ADDRESS CITY-ST-2IP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DELTONAL TO OFFICERS AND DIRECTORS IN 10 DELTO				APOR	KA		FL 325	12	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PST POOLE, CHARLENE M SIREET ADDRESS 3311 S. COUNTRY CLUB DRIVE CITY-ST-2IP INVERNESS, FL 34450 WILLIAMS, JOHN SIREET ADDRESS GITY-ST-2IP NAME MILLIAMS, JOHN SIREET ADDRESS GITY-ST-2IP ADAYA A. LEFFLER 1210 N. OLD MILL DRIVE SIREET ADDRESS GITY-ST-2IP NAME SIREET ADDRESS GITY-ST-2IP NAME LAUBSCHER, JUDY O ORLANDO, FL 32256 GITY-ST-2IP ADAYTONA BEACH, FL 32114 TITLE NAME CASTROMAN, EMILIO SIREET ADDRESS 1 MAYBECK PLACE ELSAH, IL 62028 GITY-ST-2IP DAYTONA BEACH, FL 32114 TITLE NAME ABBOTT, CAROL L SIREET ADDRESS GITY-ST-2IP DAYTONA BEACH, FL 32114 TITLE TITLE TITLE NAME ABBOTT, CAROL L SIREET ADDRESS GITY-ST-2IP DAYTONA BEACH, FL 32114 TITLE	Surfature, typed or printed name of registered agent and title (applicable. (NOTE: Registered Agent signature required when reinstalling) DATE Filling Fee Is \$61.25 9. Election Campaign Financing\$5.00 May Be Make check payable to								
TITLE NAME POOLE, CHARLENE M STREET ADDRESS (CITY-ST-ZIP) INVERNESS, FL 34450 TITLE VPT MILLIAMS, JOHN STREET ADDRESS (CITY-ST-ZIP) LAUBSCHER, JUDY O GRANDO, FL 32712 - 2921 TITLE VT LAUBSCHER, JUDY O GRANDO, FL 32804 TITLE NAME CASTROMAN, EMILIO STREET ADDRESS (CITY-ST-ZIP) CASTROMAN BEACH, FL 32114 TITLE NAME ABBOTT, CAROL L STREET ADDRESS (CITY-ST-ZIP) CASTROMAN BEACH, FL 32114 TITLE NAME ABBOTT, CAROL L STREET ADDRESS (CITY-ST-ZIP) CASTROMAN BEACH, FL 32114 TITLE NAME STREET ADDRESS (CITY-ST-ZIP) CASTROMAN BEACH, FL 32114 TITLE NAME WHITEMORE, LYNNE STREET ADDRESS (CITY-ST-ZIP) CASTROMAN C							<u> </u>		
TITLE NAME WILLIAMS, JOHN STREET ADDRESS TREET ADDRESS TRE	TITLE NAME STREET ADDRESS	PST POOLE, CHARLENE M 3311 S. COUNTRY CLUB DRIVE	⊠ Delete	TITLE F NAME STREET ADDRESS (ST EAN A. LE 210 N. OLD	FFLER MILL DR	⊠ Change	Addition	
NAME LAUBSCHER, JUDY O STREET ADDRESS 40 INTERLAKEN RD. ORLANDO, FL 32804 TITLE T NAME CAROL L, ABBOTT STREET ADDRESS 166 FOX FIRE CIRCLE CITY-ST-ZIP ORLANDO, FL 32804 TITLE T NAME CASTROMAN, EMILIO T NAME STREET ADDRESS 1 MAYBECK PLACE STREET ADDRESS CITY-ST-ZIP ELSAH, IL 62028 TITLE TT NAME ABBOTT, CAROL L STREET ADDRESS 166 FOXFIRE COURT CITY-ST-ZIP DAYTONA BEACH, FL 32114 TITLE T NAME STREET ADDRESS 166 FOXFIRE COURT CITY-ST-ZIP DAYTONA BEACH, FL 32114 TITLE T NAME WHITEMORE, LYNNE STREET ADDRESS 1338 SW IVENHOE BLVD TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	WILLIAMS, JOHN 7818 LAS CANAS COURT JACKSONVILLE, FL 32256	⊅ Detete	TITLE S NAME S STREET ADDRESS 3	SEC. JUZANNE P 100 E, WELC	CONNOLY	⊠ Change	Addition	
TITLE NAME CASTROMAN, EMILIO STREET ADDRESS 1 MAYBECK PLACE CITY-ST-ZIP ELSAH, IL 62028 TITLE TT ABBOTT, CAROL L STREET ADDRESS 166 FOXFIRE COURT CITY-ST-ZIP DAYTONA BEACH, FL 32114 TITLE TT NAME WHITEMORE, LYNNE STREET ADDRESS 1338 S. W. IVANHOE BLVD. CITY-ST-ZIP ORLANDO FL 32504 TITLE NAME STREET ADDRESS TITLE TT ABBOTT, CAROL L STREET ADDRESS TITLE TT	NAME STREET ADDRESS	LAUBSCHER, JUDY O 40 INTERLAKEN RD.	₽ Delete	NAME STREET ADDRESS /	AROL L. A	RE CIRCL	E 3211	☐ Addition	
NAME STREET ADDRESS 166 FOXFIRE COURT STREET ADDRESS 37/2 5. SUMMER LIN STREET CITY-SI-ZIP DAYTONA BEACH, FL 32114 TITLE T Delete TITLE NAME WHITEMORE, LYNNE STREET ADDRESS 1338 SW IVENHOE BLVD NAME STREET ADDRESS TABBETS STREET ADDRESS NAME STREET ADDRESS TABBETS TABBETS STREET ADDRESS	NAME Street address	CASTROMAN, EMILIO 1 MAYBECK PLACE	Æ Delete	NAME STREET ADDRESS /	T. LYNNE WI 338 S.W.	HITMORE IVANHOE	⊠ Change ≡ BLVD.	☐ Addition	
TITLE T Delete TITLE Change Addition MAME NAME WHITEMORE, LYNNE NAME STREET ADDRESS 1338 SW IVENHOE BLVD STREET ADDRESS	NAME STREET ADDRESS	ABBOTT, CAROL L 166 FOXFIRE COURT	⊠ Delete	TITLE NAME STREET ADDRESS	D. BAIL D.S. B712 S.SU.	IMS MMERLIN	☑ Change	☐ Addition	
	NAME STREET ADDRESS	WHITEMORE, LYNNE 1338 SW IVENHOE BLVD	🔀 Delete	TITLE NAME STREET ADDRESS				☐ 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: CAROL L. ABBOTT 3-22-86 (386) 252 4943

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Design Phone #