


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90217 004 ****61.25

DOCUMENT # N94000002091		
1. Entity Name THE CALVIN AND MARISA ALLEN FOUNDATION, INC.		

Principal Place of Business 979 BEACHLAND BLVD VERO BEACH, FL 32963	Mailing Address 979 BEACHLAND BLVD VERO BEACH, FL 32963
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3325134		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FENNELL, TODD W 979 BEACHLAND BLVD VERO BEACH, FL 32963		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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	PSD ALLEN, CALVIN R 642 OCEAN ROAD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Millicent W. Allen 642 Ocean Road Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MASTERS, GEORGE 642 OCEAN ROAD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Anne Cheatham P.O. Box 550346 Atlanta GA 30355 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIDAS, PANOS 642 OCEAN ROAD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Panos Midis 642 Ocean Road Vero Beach FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUPRE, NORMAN 642 OCEAN ROAD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Calvin R. Allen, Jr. 1550 Brookhaven Hill Atlanta, GA 30319 <input type="checkbox"/> Change <input checked="" 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: Calvin R Allen **4/19/06** **772-291-0071**

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

LAW OFFICES OF
**GOULD, COOKSEY, FENNELL,
O'NEILL, MARINE, CARTER & HAFNER, P.A.**

JOHN R. GOULD (1921-1988)
DARRELL FENNELL (1937-2004)
BYRON T. COOKSEY
EUGENE J. O'NEILL*
CHRISTOPHER H. MARINE
DAVID M. CARTER
TODD W. FENNELL, LL.M.
*FL. BOARD CERTIFIED
CIVIL TRIAL AND BUSINESS LITIGATION

979 BEACHLAND BOULEVARD
VERO BEACH, FLORIDA 32963
TELEPHONE: (772) 231-1100
FAX: (772) 231-2020

TROY B. HAFNER, LL.M.**
BRIAN J. CONNELLY
SANDRA G. RENNICK
CLINT S. MALONE
JENNIFER VANHOOSE
WILLIAM N. KIRK, LL.M.

**FL. BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES

20035940
#N94000002091

April 24, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: The Calvin and Marisa Allen Foundation, Inc.
Document # N94000002091

Dear Sir/Madam:

Enclosed please find the 2006 Not-For-Profit Corporation Annual Report for filing with the Division of Corporations in reference to the above captioned matter, together with our client's check in the amount of \$61.25 representing the filing fee.

Should you have any questions, please feel free to contact me.

Sincerely,

Todd W. Fennell/ac

Todd W. Fennell

TWF:ac
enclosures

SIGNED IN HIS ABSENCE
TO AVOID DELAY

cc: Mr. Calvin R. Allen