

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

|                                                              |                                                                                    |
|--------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> N94000005090                               |  |
| <b>1. Entity Name</b><br>FELDENKREIS FAMILY FOUNDATION, INC. |                                                                                    |

|                                                                                                            |                                                                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>2800 PONCE DE LEON BLVD<br>SUITE 1125<br>CORAL GABLES FL 33134<br>US | <b>Mailing Address</b><br>2800 PONCE DE LEON BLVD<br>SUITE 1125<br>CORAL GABLES FL 33134<br>US |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|



|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|                                                                  |                                                                                 |
|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>65-0526541                               | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                                           |

|                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>BREIER, ROBERT G<br>2800 PONCE DE LEON BLVD<br>#1125<br>CORAL GABLES FL 33134 |
|---------------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |             |
|----------------------------------------------------|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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.**

|                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small> | <b>U00000485146</b><br><b>04/20/06-80073-018 61.25</b><br><small>DATE</small> |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

|                                                              |                                                                                                                               |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| <b>10. OFFICERS AND DIRECTORS</b> |                                 |
|-----------------------------------|---------------------------------|
| <b>TITLE</b>                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |

| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |
|--------------------------------------------------------------|--|
| <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| <b>TITLE</b>                                                 |  |
| <b>NAME</b>                                                  |  |
| <b>STREET ADDRESS</b>                                        |  |
| <b>CITY-ST-ZIP</b>                                           |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| <b>TITLE</b>                                                 |  |
| <b>NAME</b>                                                  |  |
| <b>STREET ADDRESS</b>                                        |  |
| <b>CITY-ST-ZIP</b>                                           |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| <b>TITLE</b>                                                 |  |
| <b>NAME</b>                                                  |  |
| <b>STREET ADDRESS</b>                                        |  |
| <b>CITY-ST-ZIP</b>                                           |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| <b>TITLE</b>                                                 |  |
| <b>NAME</b>                                                  |  |
| <b>STREET ADDRESS</b>                                        |  |
| <b>CITY-ST-ZIP</b>                                           |  |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**