

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005929**

1. Entity Name  
**AFRICK FAMILY FOUNDATION, INC.**



Principal Place of Business

16680 ECHO HOLLOW CIRCLE  
 DELRAY BEACH, FL 33484 US

Mailing Address

16680 ECHO HOLLOW CIR  
 DELRAY BEACH, FL 33484 US



03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0538688** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

POLISH, SHELDON  
 350 EAST LAS OLAS BLVD  
 SUITE 1000  
 FT LAUDERDALE, FL 33301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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.  **\$5.00** May Be Added to Fees

000000491060  
 04/19/06-80006-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AFRICK, JACK
STREET ADDRESS	16680 ECHO HOLLOW CIR
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	PD
NAME	AFRICK, EVELYN
STREET ADDRESS	16680 ECHO HOLLOW CIR
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	AFRICK, LANCE M
STREET ADDRESS	920 POYFARRE ST
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	SD
NAME	AFRICK, STEVEN B
STREET ADDRESS	2750 STIRRUP LANE
CITY-ST-ZIP	FT LAUDERDALE, FL 33331
TITLE	DT
NAME	AFRICK, PAMELA B
STREET ADDRESS	43 ROYAL PALM DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Jack Africk* Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2006 561-394-5678  
Date Daytime Phone #