

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

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000824

1. Fictitious Name
WILLIAM AND LILA WASHUTA FAMILY FOUNDATION, INC.



Principal Place of Business
**464 HIGHTOWER DR
DEBARY, FL 32713 US**

Mailing Address
**464 HIGHTOWER DR
DEBARY, FL 32713 US**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
69-7049735

5. Certificate of Status Desired ☒ **\$0.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WASHUTA, WILLIAM J
464 HIGHTOWER DR
DEBARY, FL 32713**

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IN THIS SPACE**

9. 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 reappointing) DATE _____

**Filing Fee is \$61.28
Due by May 1, 2006**

8. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1100000465368
03/22/06-80033-018 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHUTA, WILLIAM J 464 HIGHTOWER DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHUTA, LILA K 464 HIGHTOWER DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHUTA, KEVIN W 4212 SE COVE LAKE CIRCLE, APT. 204 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *William J. Washuta* *William J. Washuta* **3-1-06** **386-6682129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TIME