

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

DOCUMENT # N95000005665

1. Entity Name

THE SUSAN ROYAL WURTH FOUNDATION, INC.



Principal Place of Business

324 S.W. 16TH STREET  
BELLE GLADE FL 33430

Mailing Address

324 S.W. 16TH STREET  
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0647302

Applied For  
Not Applying

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROYAL, JOHN C  
324 S.W. 16TH STREET  
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reestablishing)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROYAL, GEORGE L ☐ Delete  
STREET ADDRESS 324 S.W. 16TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33431

TITLE VD  
NAME ROYAL, GEORGE M ☐ Delete  
STREET ADDRESS 324 S.W. 16TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33431

TITLE D  
NAME ROYAL, JEFFREY L ☐ Delete  
STREET ADDRESS 324 S.W. 16TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33431

TITLE D  
NAME ROYAL, JOHN C ☐ Delete  
STREET ADDRESS 324 S.W. 16TH STREET  
CITY-ST-ZIP BELLE GLADE FL 33431

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS 1100000418112  
CITY-ST-ZIP 02/13/06-80081-022 61.25

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.