# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# N95000005901

**Entity Name:** RODEHEAVER FOUNDATION, INC.

**Current Principal Place of Business:**

3400 CRILL AVENUE
SUITE 1
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

3400 CRILL AVENUE
SUITE 1
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number: 59-3354789** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BATES, BEN
3400 CRILL AVENUE
SUITE 1
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MARTINEZ, DANIEL A
Address: 320 ROUND LAKE ROAD
City-St-Zip: PALATKA, FL 32177

Title: VPD ( ) Delete
Name: BROWNING, JOHN P JR
Address: PO BOX 415
City-St-Zip: EAST PALATKA, FL 32131

Title: DVP ( ) Delete
Name: CLAY, R.T. SR.
Address: PO BOX 99
City-St-Zip: GRANDIN, FL 321380099

Title: VPD ( ) Delete
Name: FREEMAN, C.H.
Address: 118 SUNSET POINT LANE
City-St-Zip: EAST PALATKA, FL 32131

Title: VPD ( ) Delete
Name: HUNTLEY, W. T.
Address: 204 MORITANI POINT ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES ( ) Change (X) Addition
Name: BATES, BEN
Address: 3400 CRILL AVENUE, SUITE 1
City-St-Zip: PALATKA, FL 32177 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN BATES RA 04/28/2006

Electronic Signature of Signing Officer or Director — Date