

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90022 026 ****61.25

DOCUMENT # N96000003079 1. Entity Name THE TRIESTER FOUNDATION, INC.					
Principal Place of Business 101 SEABREEZE BLVD. DAYTONA BEACH, FL 32118			Mailing Address 111 PRESIDENTIAL BLVD STE 230 BALA CYNWYD, PA 19004		
2. Principal Place of Business 1860 FOREST HILL BLVD.		3. Mailing Address 			
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. 			
City & State PALM BEACH, FL		City & State 			
Zip 33406		Country USA		4. FEI Number 59-3264585	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIESTER, STANTON L 101 SEABREEZE BLVD. DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name TRIESTER, STANTON L. Street Address (P.O. Box Number is Not Acceptable) 1860 FOREST HILL BLVD. SUITE 200 PALM BEACH, FL 33406		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2/15/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRIESTER, STANTON L 101 SEABREEZE BLVD. DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/P TRIESTER, STANTON L. 1860 FOREST HILL BLVD, SUITE 200 PALM BEACH, FL 33406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRIESTER, SONIA C 101 SEABREEZE BLVD. DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/V TRIESTER, SONIA C. 1860 FOREST HILL BLVD, SUITE 200 PALM BEACH, FL 33406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OBRIEN, KARIN E 610 VIA DE LA PAZ PACIFIC PALISADES, CA 90272 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2/15/06		
			Daytime Phone # 610-667-5400		