


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

**FILED**  
May 01, 2006 08:00 AM  
Secretary of State

**DOCUMENT # N96000003516**  
1. Entity Name  
**ROY C. AND SUSAN M. PALMER FAMILY CHARITABLE  
FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**4423 BAYSHORE ROAD      4423 BAYSHORE ROAD**  
**SARASOTA, FL 34234 US      SARASOTA, FL 34236**



04252006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**31-1471328**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PALMER, ROY C**  
**4423 BAYSHORE ROAD**  
**SARASOTA, FL 34234**

**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 resigning) STATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

00000549324  
05/13/06-60016-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PALMER, ROY C 4423 BAYSHORE ROAD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PALMER, SUSAN M 4423 BAYSHORE ROAD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYBOURN, PALMER 4423 BAYSHORE RD SARASOTA, FL 34236
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 title empowered.

**SIGNATURE:** Roy C. Palmer      **Roy C. Palmer**      **4/24/2006**      **941-355-1983**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #