

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003658

Entity Name: AZIIZI FOUNDATION, INC.

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

5053 SE BOLLARD AVENUE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

5053 SE BOLLARD AVENUE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 65-0695127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RESNIK, BERNADETTE
5053 SE BOLLARD AVENUE
STUART, FL 34997 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: DVP () Delete
Name: RESNIK, JOHN M
Address: 5053 SE BOLLARD AVENUE
City-St-Zip: STUART, FL 34997

Title: PTD () Delete
Name: RESNIK, BERNADETTE
Address: 5053 SE BOLLARD AVENUE
City-St-Zip: STUART, FL

Title: D () Delete
Name: BARZ, MARGY
Address: PO BOX 3016 N/A
City-St-Zip: STUART, FL 34995

Title: D () Delete
Name: GARTON, SHARON
Address: 7800 SE WINDJAMMER WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: DOWDY, MARIANNE
Address: 571 NE TOWN TERR
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: MATHEWS, LAUREN
Address: 7750 SE MAMMOTH DR.
City-St-Zip: HOBE SOUND, FL 33455

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: SD (X) Change () Addition
Name: SCHILLING, CHERRY
Address: 7417 S.E. SWANN AVE.
City-St-Zip: HOBE SOUND, FL 33455

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

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: BERNADETTE RESNIK

P

03/22/2006

Electronic Signature of Signing Officer or Director

Date