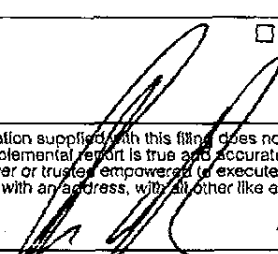


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002566 1. Entity Name HUDSON FAMILY FOUNDATION, INC.					
Principal Place of Business 1080 SE 3 AVE FT. LAUDERDALE, FL 33316			Mailing Address 1080 SE 3 AVE FT. LAUDERDALE, FL 33316		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HUDSON, HOLLY J 1850 SE 17TH STE 300 FT. LAUDERDALE, FL 33316				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 resigning.)					
Filing 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HUDSON, BONNIE J			NAME	
STREET ADDRESS	529 BONTONA AVE.			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	DV	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HUDSON, HARRIS W			NAME	
STREET ADDRESS	529 BONTONA AVE.			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	DS	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HUDSON, STEVEN W			NAME	
STREET ADDRESS	529 BONTONA AVE.			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	DT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HUDSON, HOLLY J			NAME	
STREET ADDRESS	529 BONTONA AVE.			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Steven W. Hudson	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3/21/06 Daytime Phone # 954-356-5800	