


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002678 1. Entity Name THE BOYD FOUNDATION, INC.	
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Principal Place of Business 147 INTERLACHEN PLACE, NO. 250 WINTER PARK, FL 32789	Mailing Address 147 INTERLACHEN PLACE, NO. 250 WINTER PARK, FL 32789
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04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYD, WILLIAM B 147 INTERLACHEN PLACE, NO. 250 WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, WILLIAM B 147 INTERLACHEN PLACE, NO. 250 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, FAYE S 147 INTERLACHEN PLACE, NO. 250 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHLEIN, SUSAN B 1521 LYNDALE BLVD. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEMAIER, LAURIE B 1639 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHLEIN, LEWIS 1521 LYNDALE BLVD. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEMAIER, PAUL J 1639 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708

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04/28/06-80011-016 61.25

**DO NOT WRITE
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 like empowered.

Laurie B. Hagemeyer

April 11, 2006