


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90006 012 \*\*\*\*61.25

<b>DOCUMENT # N97000002846</b>					
<b>1. Entity Name</b> THE ROBERT P. AND PATRICIA J BAUMAN FAMILY FOUNDATION, INC.					
<b>Principal Place of Business</b> 6720 S.E. HARBOR CIRCLE STUART, FL 33494			<b>Mailing Address</b> 6720 S.E. HARBOR CIRCLE STUART, FL 34996 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip <b>34996</b>		Country		Zip <b>34996</b>	
Country		Country		<b>4. FEI Number</b> 31-1535223	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BAUMAN, ROBERT P 6720 S.E. HARBOR CIRCLE STUART, FL 33494			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code <b>34996</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, ROBERT P 6720 S.E. HARBOR CIRCLE STUART, FL 33494	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCVEY, JOHN 123 MAIN STREET WHITE PLAINS, NY 10602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, ELIZABETH H 22 GREAT HILL ROAD KENNEBUNK, ME 04043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, JOHN N 2061/2 GREGORY BLVD EAST NORWALK, CT 06855	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert P. Bauman</u> <b>ROBERT P. BAUMAN / DIRECTOR</b> <u>2/20/06</u> <u>772.225.0403</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					