

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

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006679

1. Entity Name
FYFE FAMILY FOUNDATION, INC.



Principal Place of Business
**105 NEW YORK AVE
LYNN HAVEN, FL 32444**

Mailing Address
**105 NEW YORK AVE
LYNN HAVEN, FL 32444**



03202006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1579575

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARE, DIANE C CPA
2589 JENKS AVE
PANAMA CITY, FL 32405**

**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 reinstating)

DATE _____

**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	D
NAME	BECK, KAREN F
STREET ADDRESS	105 NEW YORK AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	LOTANE, ROBIN F
STREET ADDRESS	1213 HALIFAX CT
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	DUSSEAULT, BRIAN
STREET ADDRESS	624 BEACHCOMBER DR
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000517872
05/01/06-80064-004 70.00

**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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian A. Dusseault **BRIAN A. DUSSEAULT** 4-15-06 850-265-9634