2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 05, 2006 8:00 am Secretary of State DOCUMENT # N97000007199 1. Entity Name 05-05-2006 90162 021 ****61.25 PRIDMORE FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 415 PALMETTO PLACE 415 PALMETTO PLACE INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number Applied For 59-3491775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRIDMORE, THOMAS C 415 PALMETTO PLACE INDIALANTIC FL 32903 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, typed or profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition PRIDMORE, THOMAS C NAME NAME STREET ADDRESS 415 PALMETTO PLACE STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP THTLE Delete TITLE Change ☐ Addition DETTMER, DALE A NAME 780 S. APOLLO BLVD. STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME PRIDMORE, DONNA J NAME STREET ADDRESS 415 PALMETTO PLACE STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 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 TITLE Delete TITLE ☐ Change Addition 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 Section 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.

FILED