


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

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000157**  
 1. Entity Name  
**ALMA FOUNDATION, INC.**



Principal Place of Business <b>21135 FALLS RIDGE WAY BOCA RATON, FL 33428</b>	Mailing Address <b>21135 FALLS RIDGE WAY BOCA RATON, FL 33428</b>
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0802996</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

**WALSH, GERALD V**  
**9500 N.W. 37TH COURT**  
**CORAL GABLES, FL 33065**

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**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 re-registering) 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	ZICCARDI, NICHOLAS J
STREET ADDRESS	21135 FALLS RIDGE WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	REGAN, DOUG
STREET ADDRESS	301 YAMATO RD.
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	WALSH, GERALD V
STREET ADDRESS	9500 N.W. 37TH COURT
CITY-ST-ZIP	CORAL GABLES, FL 33065
TITLE	D
NAME	MCMAHON, JOHN
STREET ADDRESS	ST. JOAN OF ARC CATHOLIC CHURCH
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	KELLY, VINCENT T
STREET ADDRESS	ST. THOMAS AQUINAS HIGH SCHOOL
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01 15 2006 001 61.25

**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** *Nicholas J Ziccardi* **1-14-06** (904) 239-5549  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Nicholas J Ziccardi*