

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

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003158

1. Entity Name
GERMAINE A. LEGRAS FAMILY FOUNDATION, INC.



Principal Place of Business
**418 CANAL STREET
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**418 CANAL STREET
NEW SMYRNA BEACH, FL 32168**



DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3526137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELOACH, J B
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168**

**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**

**000000423431
02/18/06-80008-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARSHALL, GERMAINE L
STREET ADDRESS 154 SWEET BAY AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE STD
NAME HALSEMA, MICHAEL D
STREET ADDRESS 1860 RENZULLI ROAD
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE VD
NAME DELOACH, J B
STREET ADDRESS 418 CANAL ST
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D
NAME BIENKO, DEBRA
STREET ADDRESS 66 WINDWOOD DR
CITY-ST-ZIP GLASTONBURY, CT 06033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

J. Boyd DeLoach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Boyd DeLoach

1/19/06 386-428-2464

Date

Daytime Phone #