

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

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004274 1. Entity Name THE VALENTINE CHARITABLE FOUNDATION, INC.	
--	---

Principal Place of Business FOUR ISLE RIDGE WEST HOBE SOUND, FL 33455	Mailing Address FOUR ISLE RIDGE WEST HOBE SOUND, FL 33455
---	---



03312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3603584	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent CLARK, AUDREY I FOUR ISLE RIDGE WEST HOBE SOUND, FL 33455

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 file if applicable (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 NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, AUDREY I FOUR ISLE RIDGE WEST HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, PETER THOMSON RD CHARLOTTESVILLE, VA 22903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, SANDRA C 608 EAST DRIVE SEWICKLEY, PA 15143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000524752
05/04/06-80002-025 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 files empowered.

SIGNATURE: Audrey Clark **4/19/06** **772-546-7555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #