

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

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000005453

1. Entity Name

TONY FERNANDEZ FOUNDATION, INC.



Principal Place of Business

3200 N MILITARY TR, STE 201  
BOCA RATON, FL 33431 US

Mailing Address

3200 N MILITARY TR, STE 201  
BOCA RATON, FL 33431 US



02162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0865503

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BLAIR, SHAWNE  
3200 N MILITARY TR, STE 201  
BOCA RATON, FL 33431

**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 rechartering)

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 FERNANDEZ, OCTAVIO A  
STREET ADDRESS 3200 N. MILITARY TRAIL #201  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME FERNANDEZ, CLARA  
STREET ADDRESS 3200 N. MILITARY TRAIL #201  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME BOYKIN, PASTOR  
STREET ADDRESS 1300 NW 4TH AVE  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D  
NAME BLAIR, SHAWNE  
STREET ADDRESS 3200 N. MILITARY TRAIL 3201  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000439825  
03/02/06-80015-022 61.25

**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:

*Shawne W. Blair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shawne W. Blair 2/16/06*  
Date Daytime Phone If