2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005692

1. Entity Name
MARJORIE AND NORMAN FELIX SUPPORT FOUNDATION, INC.

Principal Place of Business	Mailing Address
11891 US HWY ONE SUITE 100 NORTH PALM BEACH, FL 33408	11891 US HWY ONE SUITE 100 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

01162006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
65-0898838	Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH M. FLEMING, ESQUIRE, PLLC
11891 US HWY ONE, SUITE 100
NORTH PALM BEACH, FL 33408

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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 _____

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

U00000412492
02/10/06-80049-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHEPARD, JUDITH
STREET ADDRESS	C/O KRAVIS CENTER, 701 OKEECHOBEE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	DT
NAME	PUDER, ROBERT
STREET ADDRESS	C/O KRAVIS CENTER 701 OKEECHOBEE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	DS
NAME	FLEMING, JOSEPH M
STREET ADDRESS	11891 US HWY ONE, SUITE 100
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1-25-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #