

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006476

FILED
Jan 13, 2006
Secretary of State

Entity Name: DONALD A. BURNS FOUNDATION, INC.

Current Principal Place of Business:

450 ROYAL PALM WAY
#450
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

450 ROYAL PALM WAY
#450
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0870379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURNS, DONALD A
Address: 450 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Delete
Name: MERRICK, LESLIE L
Address: 2716 STANFORD
City-St-Zip: DALLAS, TX 75225

Title: D (X) Delete
Name: MERRICK, NICHOLAS N
Address: 2716 STANFORD
City-St-Zip: DALLAS, TX 75225

Title: P () Delete
Name: BURNS, DONALD A
Address: 450 ROYAL PALM WAY #450
City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Delete
Name: MERRICK, LESLIE L
Address: 450 ROYAL PALM WAY #450
City-St-Zip: PALM BEACH, FL 33480

Title: T (X) Delete
Name: MERRICK, NICHOLAS N
Address: 450 ROYAL PALM WAY #450
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD A. BURNS

D

01/13/2006

Electronic Signature of Signing Officer or Director

Date