

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

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002092**

1. Entity Name  
**HERB SKOLNICK CULTURAL ARTS FOUNDATION, INC.**



Principal Place of Business  
**100 WEST ATLANTIC BLVD.  
POMPANO BEACH, FL 33060**

Mailing Address  
**100 WEST ATLANTIC BLVD.  
POMPANO BEACH, FL 33060**



03202006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0911630**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LINN, GORDON B  
100 WEST ATLANTIC BLVD.  
POMPANO BEACH, FL 33060**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **FOSTER, SUSAN**  
STREET ADDRESS **100 W ATLANTIC BLVD**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D**  
NAME **RAYSON, JOHN C**  
STREET ADDRESS **100 W ATLANTIC BLVD.**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D**  
NAME **FISHER, LAMAR**  
STREET ADDRESS **100 W ATLANTIC BLVD**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D**  
NAME **LARKINS, PAT E**  
STREET ADDRESS **100 W ATLANTIC BLVD**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D**  
NAME **MCCINN, KAY**  
STREET ADDRESS **100 W ATLANTIC BLVD.**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D**  
NAME **BRUMMER, GEORGE**  
STREET ADDRESS **100 W ATLANTIC BLVD.**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

**000000515379  
04/29/06-80209-008 61.25**

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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: *John C. Rayson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06 9547864601  
Date Daytime Phone #