

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002472

FILED
Jan 04, 2006
Secretary of State

Entity Name: THE TOMMY BILLINGS FOUNDATION, INC.

Current Principal Place of Business:

4335 HIGHLAND PARK BLVD
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

% SANFORD M. ESTROFF
P.O. BOX 5245
LAKELAND, FL 338075245

New Mailing Address:

% SANFORD M. ESTROFF
P.O. BOX 5245
LAKELAND, FL 338075245 US

FEI Number: 59-3447805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESTROFF, SANFORD M
4335 HIGHLAND PARK BLVD
LAKELAND, FL 33813 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: ESTROFF, SANFORD M
Address: 4335 HIGHLAND PARK BLVD
City-St-Zip: LAKELAND, FL 33813

Title: PSD () Delete
Name: BILLINGS, JANE D
Address: 927 HEATHERCREST
City-St-Zip: LAKELAND, FL 33813

Title: VTD () Delete
Name: BILLINGS, THOMAS L
Address: 927 HEATHERCREST
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: LEE, JIM
Address: 811 S. MISSOURI
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: PEACE, WAYNE
Address: 217 CRESENT LAKE CT.
City-St-Zip: LAKELAND, FL 33813

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:

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: SANFORD M. ESTROFF

D

01/04/2006

Electronic Signature of Signing Officer or Director

Date