2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004850

1. Entity Name
THE CHAMPAGNAT FOUNDATION, INC.

FILED
Feb 13, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
369 EAST 10TH STREET HIALEAH, FL 33010	369 EAST 10TH STREET HIALEAH, FL 33010

02052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0714139
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, MARIA I
369 EAST 10TH STREET
HIALEAH, FL 33010

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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 Maria I. Alonso 02/09/06
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	PD
NAME	ALONSO, MARIA I
STREET ADDRESS	369 EAST 10TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	TD
NAME	ALONSO, ISABEL C
STREET ADDRESS	369 EAST 10TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	SD
NAME	CAMBERT, ALICIA
STREET ADDRESS	369 EAST 10TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80071-007 61.25

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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: Maria I Alonso MARIA I. ALONSO 02/09/06 (305) 888-3760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #