

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005657

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** ST. FRANCIS OF ASSISI CATHOLIC SCHOOL FOUNDATION, INC.

**Current Principal Place of Business:**

11891 US HIGHWAY ONE  
STE 100  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

11891 US HIGHWAY ONE  
STE 100  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT C. HACKNEY PROFESSIONAL LIMITED COM  
11891 US HIGHWAY ONE  
STE 100  
NORTH PALM BEACH, FL 33408 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: LAMPE, KAREN  
Address: 10689 HIDDEN LAKE CIR.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: MCKENNA, RICK  
Address: 11891 US HIGHWAY ONE, STE. 100  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: HACKNEY, ROBERT C  
Address: 4119 LAKEPAR CIR S.  
City-St-Zip: PALM BEACH GARDENS, FL 33420

**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:

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: ROBERT C. HACKNEY

D

04/13/2006

Electronic Signature of Signing Officer or Director

Date