

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90386 014 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                     |                                                                                                                                                                                                                              |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N99000006161</b><br>1. Entity Name<br><b>THE TURF FIRE FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                     |                                                                                                                                                                                                                              |                                                                                                                   |  |
| Principal Place of Business<br><b>5772 VISTA LINDA LANE<br/>BOCA RATON, FL 33433</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     | Mailing Address<br><b>5772 VISTA LINDA LANE<br/>BOCA RATON, FL 33433</b>                                                                                                                                                     |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                    |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     | City & State                                                                                                                                                                                                                 |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country                                                                             |                                                                                                                                                                                                                              | 4. FEI Number<br><b>65-0957087</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                     |                                                                                                                                                                                                                              | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>CUSSEN, HENRY P<br/>5772 VISTA LINDA LANE<br/>BOCA RATON, FL 33433</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     |                                                                                                                                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                     |                                                                                                                                                                                                                              | 40057063<br><br>04172006 Chg-NP CR2E037 (11/05)                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                     |                                                                                                                                                                                                                              | DATE _____                                                                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                              | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                            |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                     |                                                                                                                                                                                                                              |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                 |                                                                                                                   |  |
| TITLE <input checked="" type="checkbox"/> <del>NO</del> <input checked="" type="checkbox"/> <b>← (D)</b> <input type="checkbox"/> Delete<br>NAME <b>CUSSEN, HENRY P</b><br>STREET ADDRESS <b>5772 VISTA LINDA LANE</b><br>CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                     | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D KOLLRA, ERNEST</b><br>STREET ADDRESS <b>1995 E OAKLAND PARK BLVD STE 300</b><br>CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33306</b> |                                                                                                                   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME <b>VD BRENNAN, EAMON</b><br>STREET ADDRESS <b>2798 N.E. 1ST COURT</b><br>CITY-ST-ZIP <b>BOCA RATON, FL 33062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                     | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D MACDONNCHADHA, SEAN</b><br>STREET ADDRESS <b>6864 MAPLE LANE</b><br>CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>               |                                                                                                                   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME <b>SD RODRIGUEZ, ZANE DR.</b><br>STREET ADDRESS <b>15 COLONIAL CLUB DR. #101</b><br>CITY-ST-ZIP <b>BOYNTON BEACH, FL 33435</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D O'CARROLL, DONNALL</b><br>STREET ADDRESS <b>5149 WILLOW POND RD WEST</b><br>CITY-ST-ZIP <b>WEST PALM BEACH, FL 33417</b>     |                                                                                                                   |  |
| TITLE <input checked="" type="checkbox"/> <del>NO</del> <input checked="" type="checkbox"/> <b>← (PD)</b> <input type="checkbox"/> Delete<br>NAME <b>WELLINGTON, IMELDA</b><br>STREET ADDRESS <b>16550 SENTERRA DR.</b><br>CITY-ST-ZIP <b>DELRAY BEACH, FL 33484</b>                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D VLASSIS, DENNIS</b><br>STREET ADDRESS <b>6019 N OCEAN BLVD</b><br>CITY-ST-ZIP <b>OCEAN RIDGE, FL 33435</b>                   |                                                                                                                   |  |
| TITLE <input checked="" type="checkbox"/> <del>NO</del> <input checked="" type="checkbox"/> <b>← (TD)</b> <input type="checkbox"/> Delete<br>NAME <b>LANGTON, GERARD CARVILLE, GERALD D.</b><br>STREET ADDRESS <b>429 SW 7TH AVENUE 2156 ACORN PALM RD</b><br>CITY-ST-ZIP <b>BOYNTON BEACH, FL 33435 BOCA RATON FL 33433</b>                                                                                                                                                                                                                                                                                                                 |  |                                                                                     | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D LANGTON, GERARD</b><br>STREET ADDRESS <b>429 SW 7TH AVENUE</b><br>CITY-ST-ZIP <b>BOYNTON BEACH, FL 33435</b>                 |                                                                                                                   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME <b>VD ROBERTS, SANDRA A</b><br>STREET ADDRESS <b>6864 NW 26TH AVENUE</b><br>CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                     | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>D WELLINGTON, CARY</b><br>STREET ADDRESS <b>16550 SENTERRA DR</b><br>CITY-ST-ZIP <b>DELRAY BEACH, FL 33484</b>                 |                                                                                                                   |  |
| 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. |  |                                                                                     |                                                                                                                                                                                                                              |                                                                                                                   |  |
| <b>SIGNATURE: <i>Gerald D. Carville</i> GERALD D. CARVILLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                     |                                                                                                                                                                                                                              |                                                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                     |                                                                                                                                                                                                                              | Date <b>4-17-06</b><br>Daytime Phone # <b>(561) 395-5434</b>                                                      |  |