

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

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N99000006206

1. Entity Name
ABDON RODRIGUEZ FAMILY FOUNDATION, INC.



Principal Place of Business
**13917 MIDDLE PARK DRIVE
TAMPA, FL 33624**

Mailing Address
**13917 MIDDLE PARK DRIVE
TAMPA, FL 33624**

DO NOT WRITE IN THIS SPACE



04092006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3603755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756**

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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 _____

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 RODRIGUEZ, ABDON
STREET ADDRESS 13917 MIDDLE PARK DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE D
NAME RODRIGUEZ, SANTIAGO A
STREET ADDRESS 13917 MIDDLE PARK DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE D
NAME RODRIGUEZ, LEANN
STREET ADDRESS 13917 MIDDLE PARK DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE D
NAME RODRIGUEZ, CARLOS JOAQUIN
STREET ADDRESS 13917 MIDDLE PARK DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000508391
04/28/06-80003-023 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 (813)961-3856
Date Daytime Phone #