2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000007082

1. Entity Name

THE LOUISE BAXTER KING CHARITABLE FOUNDATION,



Principal Place of Business

Mailing Address

798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

798 S, FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

FILED Feb 02, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E037 (11/05) 01092006 No Chg-NP

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	65-0972297		_	- }
4,	FEI Number		-	j

\$8.75 Additional 5. Certificate of Status Desired Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

JONES, WENDY H 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

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		}			
8. The above the obligati	named entity submits this statement for the pulicins of registered agent.	rpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	U000004155545
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	ino 🗆	\$5.00 May Be Added to Fees	02/11/06-80097-020 61.25
10.	OFFICERS AND DIRECT	ORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, RAY C 798 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSBORNE, MARY T 798 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD JONES, WENDY 798 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSBONENE, MOLLY 798 S FEDERAL HIGHWAY BOCA RATON, FL 33432			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 517, 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: