
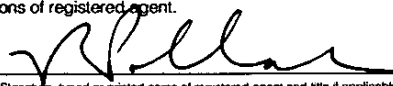
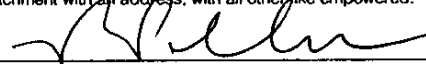


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90240 021 \*\*\*\*61.25

<b>DOCUMENT # N99000007652</b> 1. Entity Name POLLACK FAMILY FOUNDATION, INC.					
Principal Place of Business 1862 MCCAULEY ROAD CLEARWATER, FL 33765			Mailing Address P.O. BOX 1558 CLEARWATER, FL 33757		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3615236	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POLLACK, RONALD 1862 MCCAULEY ROAD CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name RONALD J. POLLACK Street Address (P.O. Box Number is Not Acceptable) 1000 ELDORADO AVENUE City CLEARWATER FL Zip Code 33767	
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  <u>RONALD J. POLLACK</u> <u>4/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLACK, RONALD <input type="checkbox"/> Delete 1862 MCCAULEY ROAD CLEARWATER, FL 33765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLACK, MIREILLE <input type="checkbox"/> Delete 1862 MCCAULEY ROAD CLEARWATER, FL 33765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYES, STEVEN L <input type="checkbox"/> Delete 33 N GARDEN AV CLEARWATER, FL 33755				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLACK, RONALD J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 ELDORADO AVENUE CLEARWATER, FL 33767				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLACK, MIREILLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 ELDORADO AVENUE CLEARWATER, FL 33767				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYES, STEVEN L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 N GARDEN AVENUE, SUITE 770 CLEARWATER, FL 33755				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:</b>  <b>RONALD J. POLLACK, PRESIDENT</b> <b>APRIL 29, 2006</b> <b>727-725-5225</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					