

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

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P27893**

1. Entity Name  
**SPRING CREEK ART FOUNDATION, INC.**



Principal Place of Business  
**1601 FORUM PLACE, SUITE P-2  
WEST PALM BEACH, FL 33401-8188 US**

Mailing Address  
**1601 FORUM PLACE, SUITE P-2  
WEST PALM BEACH, FL 33401-8188 US**



02282006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-0179280**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CALLAHAN, RICHARD P.  
1601 FORUM PLACE  
SUITE P-2  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 PD  
NAME KOCH, WILLIAM I.  
STREET ADDRESS 1601 FORUM PALCE STE P2  
CITY-ST-ZIP W PALM BCH, FL

TITLE SD  
NAME CALLAHAN, RICHARD P.  
STREET ADDRESS 1601 FORUM PALCE STE P2  
CITY-ST-ZIP W PALM BCH, FL

TITLE VPTD  
NAME SHIPLEY, ZACHARY K.  
STREET ADDRESS 1601 FORUM PLACE STE P2  
CITY-ST-ZIP W PALM BCH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000452913  
03/19/06 R0119-002 61.25

**DO NOT WRITE  
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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard P. Callahan, Secretary 2/28/06 561-697-4300**

Date

Daytime Phone #