


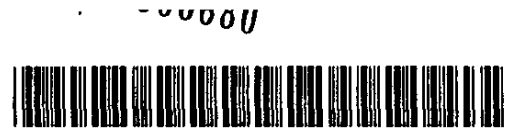
**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90082 045 ****61.25

DOCUMENT # N03000003802		
1. Entity Name THE ANDREW S. RODDICK FOUNDATION, INC.		
Principal Place of Business 5458 TOWN CENTER ROAD #13 BOCA RATON, FL 33486	Mailing Address 140 SHERMANS MILL DR INGRAM, TX 78025	

DO NOT WRITE IN THIS SPACE



4. FEI Number 20-0014500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLIN, JAMES
500 NE 5TH AVE
#2B
DELRAY BEACH, FL 33483

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODDICK, ANDREW S 140 SHERMANS MILL DR INGRAM, TX 78025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODDICK, JERRY 140 SHERMANS MILL DR INGRAM, TX 78025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODDICK, BLANCHE 140 SHERMANS MILL DR INGRAM, TX 78025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: Blanche Roddick Chair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____