


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F02000000016**

1. Entity Name  
**THE CHATLOS FOUNDATION, INC.**



FILED

2008 JUL 10 AM 8:33

Principal Place of Business  
**710 MIAMI SPRINGS DR.  
LONGWOOD, FL 32779**

Mailing Address  
**PO BOX 915048  
LONGWOOD, FL 32791-5048**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**MORGAN, CHARLES O JR.  
1300 NW 167TH ST., SUITE 3  
MIAMI, FL 33169**

4. FEI Number  
**13-6161425**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RANDLE, KATHRYN 757 SEA SHORE RD. CAPE MAY, NJ 08204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET CHATLOS 201 RIVERVIEW DRIVE LONGWOOD FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHATLOS, WILLIAM J 201 RIVERVIEW DR. LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERLYN DANHAUSER 556 GREENSPRING CR. WINTERSPRINGS FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RANDOM, CINDEE 10695 WREN RIDGE ROAD ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBERLY GRIMM 911 MOONLUSTER DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JR., CHARLES O 1300 NW 167TH ST., SUITE 3 MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>400132922514</b> <b>07/15/08--01009--007 **61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATLOS, CAROL J 409 SUMMIT RIDGE PL #109 LONGWOOD, FL 327794619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROACH, MICHELE 132 HONORS WAY WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	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.

SIGNATURE: *William J. Chatlos, President* Date: 06/13/08 Daytime Phone #: 407-862-5077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR