


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 032 ****61.25

DOCUMENT # N01000003089

1. Entity Name
A NEW FOUNDATION, INC.



Principal Place of Business
**1025 ORANGE AVE.
 WINTER PARK, FL 32789**

Mailing Address
**1025 ORANGE AVE.
 WINTER PARK, FL 32789**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40039993



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3719013

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAMRIZK, ALEX
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name **TERRELL, MARK**

Street Address (P.O. Box Number is Not Acceptable)
1000 LEGION PL

Suite 1700

City **Orlando** FL Zip Code **32801**

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 *Mark W. Terrell* DATE **3/21/07**

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CLEMENT, ANN	1404 FERRIS AVE	ORLANDO, FL 32803	<input type="checkbox"/>
D	COBURN, PAM	2202 MERRITT PARK DRIVE	ORLANDO, FL 32803	<input type="checkbox"/>
D	TAYLOR, SUSAN S	1025 ORANGE AVENUE	WINTER PARK, FL 32789	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Taylor, James	624 Douglas Ave, Suite 1406	Altamonte Springs FL 32714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rupp, Kathryn	1025 Orange Ave	Winter Park FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Susan Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #