


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 030 ****61.25

DOCUMENT # N04000009738

1. Entity Name
 THE DRAMCOR FOUNDATION, INC.



Principal Place of Business Mailing Address

~~162 MCCORMICK ROAD~~ ~~162 MCCORMICK ROAD~~
~~EAST PALATKA, FL 32131~~ ~~EAST PALATKA, FL 32131~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1162 East McCormick Rd, 1162 East McCormick Rd,
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

East Palatka, FL East Palatka, FL
 Zip Zip
32131 32131
 Country Country



08062007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For

20-2198319 Not Applicable

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

6. Name and Address of Current Registered Agent

BANKS, LUTRICIA
 307 OLEANDER DRIVE
 PALATKA, FL 32177

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: Lutricia Banks
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 September 14, 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	D	<input type="checkbox"/> Delete
NAME	BANKS, ELIJAH	
STREET ADDRESS	162 MCCORMICK ROAD	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, JIMMIE	
STREET ADDRESS	651 YELVINGTON ROAD	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, LUTRICIA	
STREET ADDRESS	307 OLEANDER DRIVE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, STARETHA	
STREET ADDRESS	3801 ST. JOHNS AVENUE #55	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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