

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90192 043 ****61.25

DOCUMENT # N05000003109					
1. Entity Name NATIONAL CARTOONISTS SOCIETY FOUNDATION, INC.					
Principal Place of Business 1133 W. MORSE BLVD STE 210 WINTER PARK, FL 32789			Mailing Address 1133 W. MORSE BLVD STE 210 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 341 N. MAITLAND AVENUE Suite, Apt. #, etc. SUITE 130 City & State MAITLAND, FL Zip 32751		3. Mailing Address 341 N. MAITLAND AVENUE Suite, Apt. #, etc. SUITE 130 City & State MAITLAND, FL Zip 32751			
01312007 Chg-NP		CR2E037 (12/06)			
4. FEI Number 20-2574783				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYSTER, PHIL 1133 W. MORSE BLVD STE 210 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVENUE SUITE 130 City MAITLAND FL Zip Code 32751		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 4, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PRES EVANS, GREG 216 COUNTRY GARDEN LANE SAN MARCOS, CA 92069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKMAN, RICK 11809 NORTH 56TH DRIVE GLENDALE, AZ 85304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 MCDONNELL, PATRICK 14 SOUTHFIELD ROAD EDISON, NJ 08820		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP3 TELNAES, ANN 103 2ND STREET NE APT. 1 WASHINGTON, DC 20002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SILVERMAN, DAVID 9229 SUNSET BLVD. #505 LOS ANGELES, CA 90069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ARAGONES, SERGIO PO BOX 696 OJAI, CA 93024		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: _____ GREG EVANS 4-6-07 760 917-0676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					