

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

04-16-2007 90037 016 ****61.25

DOCUMENT # N06000011422 1. Entity Name STUART SALENGER FOUNDATION, INC.					
Principal Place of Business 1955 GULF OF MEXICO DR. LONGBOAT KEY FL 34228			Mailing Address P.O. BOX 8905 LONGBOAT KEY FL 34228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5834171	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALENGER, STUART 1955 GULF OF MEXICO DR. LONGBOAT KEY FL 34228			7. Name and Address of New Registered Agent Name George Browning D Street Address (P.O. Box Number is Not Acceptable) 46 N. Washington Blvd #27 City Sarasota FL Zip Code 34236		
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  Signature, typed or printed name of registered agent and title if applicable. 4/3/07 (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SALENGER, STUART 1955 GULF OF MEXICO DR. LONGBOAT KEY FL 34228		TITLE NAME STREET ADDRESS CITY - ST - ZIP	George Browning D 46 N. Washington Blvd #27 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nicholas L. Kass 125-10 Queens Blvd, Suite 7 Kew Gardens, NY 11415	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/3/07 Date		
Daytime Phone #					