


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N38037 1. Entity Name RAM FOUNDATION, INC.	
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Principal Place of Business 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810	Mailing Address 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0194739	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRAUS, PAUL V 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000985980
04/18/08-80036-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFERDAHL, JOHN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD OFFERDAHL, LYNN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, PAUL V 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/2/08 Daytime Phone #: 904.423.8101