

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

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90008 014 ****70.00



DOCUMENT # N94000000386
 1. Entity Name
THE CROSLY ESTATE FOUNDATION, INC.

Principal Place of Business Mailing Address
~~670 NORMAN LUPPING~~
 P.O. BOX 6051
 BRADENTON FL 34281
 US
 P.O. BOX 6051
 BRADENTON FL 34281
 US



2. Principal Place of Business - No P.O. Box #
8374 N. TAMiami TRAIL
 Suite, Apt. #, etc.
 3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State **SARASOTA FL**
 Zip **No MAIL SERVICE** Country **USA**
 City & State
 Zip Country

4. FEI Number **65-0678528**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BELACK, STEVE
5903 LA VISTA LN
BRADENTON FL 34210

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC SHINAS, ANNA 522 HUNTER LN BRADENTON FL 34212 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GUNDRUM, NATALIE 325 SOMERSET AVE SARASOTA FL 34243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, GERALD 4631 ORLANDO CIR BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHEFIELD, NANCY 9312 KINGSTON RD BRADENTON FL 34210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE Romine, Terry 6211 Timberlake Drive SARASOTA, FL 34243 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC CIPRIANO, LINDA 1303 TRIANO CIR VENICE, FL 34292 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BELACK, STEVE 5903 LA VISTA LAKE BRADENTON, FL 34210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Romine, Susan 6211 Timberlake Drive SARASOTA, FL 34243 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Steve Belack* **STEVE BELACK** JAN 22, 07 (94) 751-4443