


2007 **NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 046 ****61.25

DOCUMENT # <u>N97000000838</u>	
1. Entity Name ADVOCACY FOUNDATION, INC.	

DO NOT WRITE IN THIS SPACE

40130755

2. Principal Place of Business - No P.O. Box # <u>490 NW 54th ST.</u>		3. Mailing Address <u>P.O. Box 610755</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>NO. MIAMI, FL</u>	
Zip <u>33101</u>	Country <u>USA</u>	Zip <u>33261</u>	Country <u>USA</u>

CR2E037B (5/07)

4. FEI Number <u>65-0753561</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>MARTIN SISKIND</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>301-174th ST., APT. 1104</u>	
City <u>SUNNY ISLES, FL</u>	
City <u>SUNNY ISLES, FL</u>	Zip Code <u>33160</u>

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** _____

FEE IS \$61.25
Initial or Amended AR

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	<u>PD</u> <u>SISKIND, MARTIN</u> <u>301-174 ST., APT. 1104</u> <u>SUNNY ISLES, FL 33160</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>KING, CHARLES. D. JR.</u> <u>11500 GRIFFING BLVD.</u> <u>BISCAYNE PARK, FL 33161</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>BOULWARE, RICHARD</u> <u>87 MT. WASHINGTON ST.</u> <u>EVERETT, MA 02149</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



MARTIN SISKIND

8/17/07

305-7853939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone