

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 15 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/19/07--01020--008 **70.00



01162007 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000000568 1. Entity Name SOUTHEAST BURN FOUNDATION, INC.			
Principal Place of Business 913 SE 5 STREET GAINESVILLE, FL 32601 US		Mailing Address P.O. BOX 140523 GAINESVILLE, FL 32614 US	
2. Principal Place of Business - No P.O. Box # 1600 SW Archer Rd		3. Mailing Address Suite, Apt. #, etc.	
City & State Gainesville FL		City & State	
Zip 32610		Country USA	
4. FEI Number 59-3492595		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABLES, MARK R 75 S.W. 75TH STREET, C-1 GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name John Alexiatis Street Address (P.O. Box Number is Not Acceptable) 5113 NW 234 St City Newberry FL Zip Code 32669	
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</small>		DATE 3-13-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABLES, MARK	NAME	Wick, Joyce
STREET ADDRESS	75 S.W. 75TH ST., C-1	STREET ADDRESS	3231 SE 22nd place
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	Gainesville FL 32641
TITLE	V <input type="checkbox"/> Delete	TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXIATIS, JOHN	NAME	Alexiatis, John
STREET ADDRESS	5113 NW 234 ST	STREET ADDRESS	5113 NW 234 St.
CITY-ST-ZIP	NEWBERRY, FL 32669	CITY-ST-ZIP	Newberry FL 32669
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABLES, SANDRA	NAME	Fciock, Tess
STREET ADDRESS	75 S.W. 75TH ST., C-1	STREET ADDRESS	109 Putnam Dr.
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	Tallahassee FL 32301
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOSKINSON, PATRICK	NAME	Keeney Smith, Nancy
STREET ADDRESS	12101 NW CR 236	STREET ADDRESS	3819 NW 68th PLACE
CITY-ST-ZIP	ALACHUA, FL 32615	CITY-ST-ZIP	Gainesville FL 32653
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

K. Eckel MAR 15 2007

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 those empowered.

SIGNATURE: DATE: **3-13-07** DAYTIME PHONE #: **352-472-9391**