
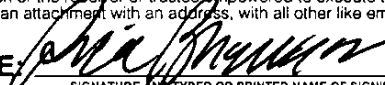


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 025 ****70.00

DOCUMENT # 700116 1. Entity Name THE CHARLES A. DANA, LAW CENTER FOUNDATION, INC.					
Principal Place of Business 1401 61ST STREET SOUTH GULFPORT, FL 33707			Mailing Address 1401 61ST STREET SOUTH GULFPORT, FL 33707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6135559	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BREWER, RICK 1401 61ST ST S ST. PETERSBURG, FL 33707			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 _____ (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	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, BERNARD J JR		NAME	Lee, H. Douglas	
STREET ADDRESS	1401 61ST STREET		STREET ADDRESS	1401 61st Street	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	Saint Petersburg, FL 33707	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOVONI, LEO J		NAME	Rydberg, Marsha G.	
STREET ADDRESS	1401 61ST STREET		STREET ADDRESS	1401 61st Street	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	Saint Petersburg, FL 33707	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CACCIATORE, S S		NAME		
STREET ADDRESS	525 N HARBOR CITY BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 329356890		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRINGER, THOMAS E SR		NAME		
STREET ADDRESS	1401 61ST ST		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, DOUGLAS H		NAME		
STREET ADDRESS	1401 61ST STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKERSON, DARBY		NAME		
STREET ADDRESS	1401 61ST STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
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 			Date 1-14-08 Daytime Phone 727-542-7805		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					