

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90294 043 ****61.25

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DOCUMENT # 701577 1. Entity Name FLASHA FOUNDATION, INC.					
Principal Place of Business 222 S WESTMONTE DRIVE SUITE 101 ALTAMONTE SPRINGS, FL 32714			Mailing Address 222 S WESTMONTE DRIVE SUITE 101 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1615812				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUTTER, MARTINE E. 222 S WESTMONTE DRIVE SUITE 101 ALTAMONTE SPRINGS, FL 32714			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	VCD SANTINI, CELIA 820 ROSEMERE CT. ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 820 Rosemere Cir	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARIMO, JOSEPH 1099 CHENILLE CIR WESTON, FL 33327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Topp, Vivian 900 W 49th St Ste 330 Hialeah FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FIFER, ROBERT 11273 SW 153RD AVE MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUTTER, MARTINE E 222 S WESTMONTE DRIVE STE 101 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUILFORD, ARTHUR 326 SEA ISLAND WAY TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4202 East Fowler Ave PCD 1017 Tampa FL 33620	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: <i>Martine E. Kautter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Martine E. Kautter		4/12/05
			407-774-7880		<small>Daytime Phone #</small>