


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90051 014 ****61.25

DOCUMENT # 710444					
1. Entity Name ROBERT O. LAW FOUNDATION, INC.					
Principal Place of Business 1323 S. E. THIRD AVENUE FORT LAUDERDALE, FL 33316			Mailing Address 1323 S. E. THIRD AVENUE FORT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOVING, JACK R 1323 S.E. THIRD AVE FORT LAUDERDALE, FL 33316				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, ROBERT O., III			NAME	
STREET ADDRESS	50 E ROAD # 6-D			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 33483			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, MARY JANE			NAME	
STREET ADDRESS	300 S. SYKES CREEK PKWY #208			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, LESLIE LAW			NAME	
STREET ADDRESS	705-2 E. BIDWELL ST. #198			STREET ADDRESS	5021 N. E. 27th Avenue
CITY-ST-ZIP	FOLSOM, CA			CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, ROBERT O IV			NAME	
STREET ADDRESS	661 SE 5TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	POMPAN0 BCH, FL 33060			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USBECK, CAROL J			NAME	
STREET ADDRESS	8516 N.W. 57TH PLACE			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			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	
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: <u>Carol J. Usbeck</u>				Date: <u>1-11-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>954-764-1005</u>	