


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 710444</b> 1. Entity Name <b>ROBERT O. LAW FOUNDATION, INC.</b>					
Principal Place of Business <b>1323 S. E. THIRD AVENUE FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>1323 S. E. THIRD AVENUE FORT LAUDERDALE, FL 33316</b>		
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 <b>59-0914810</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOVING, JACK R 1323 S.E. THIRD AVE FORT LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAW, ROBERT O., III 50 E ROAD # 6-D DELRAY BCH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAW, MARY JANE 300 S. SYKES CREEK PKWY #208 MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HART, LESLIE LAW 705-2 E. BIDWELL ST. #198 FOLSOM, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, ROBERT O IV 661 SE 5TH AVENUE POMPAHO BCH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USBECK, CAROL J 8516 N.W. 57TH PLACE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5021 N. E. 27th Avenue Lighthouse Point, FL 33064				
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.					
<b>SIGNATURE:</b> <u>Carol J. Usbeck</u> <u>Carol J. Usbeck, Secretary</u> <u>1-11-07</u> <u>954-764-1005</u>					