

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90060 014 ****70.00

DOCUMENT # 718090

1. Entity Name
LA AMISTAD FOUNDATION, INC.



Principal Place of Business
**8400 LA AMISTAD COVE
FERN PARK, FL 32730 US**

Mailing Address
**8400 LA AMISTAD COVE
FERN PARK, FL 32730**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1300982

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOOTH, HELEN
2212 AZALEA PLACE
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NIES, PERRY
30 MAITLAND GROVE
MAITLAND, FL 32851**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOODRUFF, BRUCE
3101 MAGUIRE BLVD.
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
RIMMER, LINDA
7531 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
DUCHENE, TOM
5404 SILVER STAR ROAD
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, TERESA
679 MINNESOTA AVE.
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KUYKENDALL, LINDY
1251 MILLER AVE. STE A
WINTER PARK, FL 32789**

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IN THIS SPACE**

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: Helen Booth **Helen Booth**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President/CEO

01/08/08 407-331-7226
Date Daytime Phone #