

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718849**

1. Entity Name  
**JOE REALINO MEMORIAL FUND, INC.**



Principal Place of Business

**140 N. BREVARD AVE  
COCOA BCH, FL 32931 US**

Mailing Address

**P.O. BOX 320364  
COCOA BCH, FL 32932-364 US**



01202007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3327356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILFRET, MARY  
3958 JUDITH AVE  
MERRITT ISLAND, FL 32953**

**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

*Mary Wilfret*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-23-07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHABOT, RON  
STREET ADDRESS P O BOX 561290  
CITY-ST-ZIP ROCKLEDGE, FL 329561290

TITLE CPS  
NAME KEMP, JOANNA  
STREET ADDRESS 640 N. ATLANTIC AVE. 2B  
CITY-ST-ZIP COCOA BEACH, FL 32930

TITLE SD  
NAME MASSIE, WANDA L  
STREET ADDRESS 2001 S BANANA RIVER BLVD  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VPD  
NAME KOLSCH, HANK  
STREET ADDRESS 279 S BREVARD AVE  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VD  
NAME SOUDERS, JOHNATHAN  
STREET ADDRESS 140 N. BREVARD AVE  
CITY-ST-ZIP COCOA BEACH, FL

TITLE D  
NAME WILFRET, MARY  
STREET ADDRESS 3958 JUDITH AVE  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

U00000652785  
03/12/07-80033-005 70.00

**DO NOT WRITE  
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:

*Mary Wilfret*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-23-07 321 448 8617*