


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90213 026 \*\*\*\*70.00

<b>DOCUMENT # 735857</b>					
1. Entity Name <b>CENTRAL FLORIDA MARINE CORPS FOUNDATION, INC.</b>					
Principal Place of Business <b>3911 LAKE MIRA DRIVE ORLANDO, FL 32817 US</b>			Mailing Address <b>3911 LAKE MIRA DRIVE ORLANDO, FL 32817 US</b>		
2. Principal Place of Business - No P.O. Box # <b>11922 KIPPER DRIVE</b>		3. Mailing Address <b>11922 KIPPER DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32827</b>		Country <b>USA</b>		Applied For <b>Not Applicable</b>	
Zip <b>32827</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BOOTH, RICHARD E 1755 SWEETWATER WEST CIRCLE APOPKA, FL 32712-2481</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRAVITZ, LEN</b>	NAME	<b>KRAVITZ, LEN</b>		
STREET ADDRESS	<del>3911 LAKE MIRA DR</del> <b>11922 KIPPER DRIVE</b>	STREET ADDRESS	<b>11922 KIPPER DRIVE</b>		
CITY-ST-ZIP	<del>ORLANDO, FL 32817</del> <b>32827</b>	CITY-ST-ZIP	<b>ORLANDO, FL 32827</b>		
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HANOVER, PAUL E</b>	NAME			
STREET ADDRESS	<b>1231 ST ARLENE LOOP</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>	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			
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			
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			
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 information empowered.					
<b>SIGNATURE: <i>L.R. Kravitz</i> LEN KRAVITZ</b>		<b>4/24/07</b>		<b>407-855-1814</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	