



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

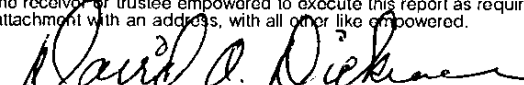
04-16-2007 90036 049 ****61.25

DOCUMENT # 756750 1. Entity Name THE FOUNDATION OF THE ALTAMONTE CHAPEL, INC.					
Principal Place of Business 825 E. ALTAMONTE DRIVE S.R. 436 ALTAMONTE SPRINGS FL 32701-5001			Mailing Address 825 E. ALTAMONTE DRIVE S.R. 436 ALTAMONTE SPRINGS FL 32701-5001		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2073078				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKMAN, DAVID A 1192 LADY SUSAN DR CASSELBERRY FL 32707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> David A. Dickman <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> 4/4/07 <small>DATE</small> </div> </div>					
FILE NOW: 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 DICKMAN, DAVID A 1192 LADY SUSAN DR CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE	D DONALD W. MARX 9083 LAUREL RIDGE DR MT DORA FL 33757	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	<input checked="" type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SCHOENECK, SANDY		STREET ADDRESS		
CITY - ST - ZIP	316 CAMBRIDGE DRIVE LONGWOOD FL 32750		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WALTER		NAME		
STREET ADDRESS	2609 CHINOOK TR		STREET ADDRESS		
CITY - ST - ZIP	MAITLAND FL 32751		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLINGER, ED		NAME		
STREET ADDRESS	959 CITRUS WOOD CT		STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD FL 32750		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, MARY		NAME		
STREET ADDRESS	3048 YOTHERS RD		STREET ADDRESS		
CITY - ST - ZIP	APOPKA FL 32712		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McREYNOLDS, REBEKAH		NAME		
STREET ADDRESS	1821 LOST PINE LANE		STREET ADDRESS		
CITY - ST - ZIP	APOPKA FL 32712		CITY - ST - ZIP		



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **David A. Dickman** **4/4/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #