

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

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90008 030 ****61.25

DOCUMENT # 758282

1. Entity Name

THE MATTHIAS FOUNDATION, INC.



Principal Place of Business

C/O ROBERT C. MATTHIAS
501 N. MAGNOLIA AVE., SUITE A
ORLANDO, FL 32801

Mailing Address

PO BOX 431
ORLANDO, FL 32802-0431 US

40113871



04102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2133556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHIAS, ROBERT C.
501 N. MAGNOLIA AVE., SUITE A
ORLANDO, FL 32801

**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, 2007**

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
SDT
MATTHIAS, BARBARA M
501 N MAGNOLIA AVE STE A
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MCCANIN, JENNIFER M
501 N MAGNOLE AVE STE A
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPD
MATTHIAS, ROBERT C
501 N MAGNOLIA AVE STE A
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: **ROBERT C. MATTHIAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07
Date

407-422-0070
Daytime Phone #