

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

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 761458

1. Entity Name
FLORIDA NARAL, INC.



Principal Place of Business
**18680 LAKE BEND DR.
JUPITER, FL 33458**

Mailing Address
**18680 LAKE BEND DR.
JUPITER, FL 33458**



03162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2169503

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RANCE-HOFFMAN, ROBIN
1607 16TH TERRACE
PALM BCH GARDENS, FL 33418**

**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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000063381

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

04/03/08-80088-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ELDEN, JOYCE
STREET ADDRESS	18680 LAKE BEND DR
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	TD
NAME	RANCE-HOFFMAN, ROBIN
STREET ADDRESS	1607 16TH TERRACE
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	KELLY, KATHERINE
STREET ADDRESS	160 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH, FL 33480
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:

Joyce L. Elden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce L. Elden

3-16-08 (561)743-9491

Date

Daytime Phone