

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90167 044 ****61.25

DOCUMENT # 763879

1. Entity Name
FATHER LOPEZ FOUNDATION, INC.



Principal Place of Business

**1 John Anderson Dr. #119
Ormond Beach, FL 32176
386-673-9182**

Mailing Address

**1 John Anderson Dr. #119
Ormond Beach, FL 32176**

DO NOT WRITE IN THIS SPACE

02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3124478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'NEILL, WILLIAM E.
Apt. 119
1 John Anderson Dr.
Ormond Beach, FL 32176**

**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

William E. O'Neill

Will E O'Neill

2-24-06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	O'NEILL, WILLIAM E.
STREET ADDRESS	1 John Anderson Dr. #119
CITY-STATE-ZIP	Ormond Beach, FL 32176
TITLE	STD
NAME	O'NEILL, WILLIAM E JR
STREET ADDRESS	47 CUNNINGHAM DR
CITY-STATE-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VD
NAME	BOWER, PAULA
STREET ADDRESS	11075 E. BALANCING ROCK RD.
CITY-STATE-ZIP	SCOTTSDALE, AZ 85262
TITLE	D
NAME	PERRYMAN, DAVID
STREET ADDRESS	797 N BEACH ST.
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	PD
NAME	CLEMENT, MARY
STREET ADDRESS	7726 STILL LAKES DR
CITY-STATE-ZIP	ODESSA, FL 33556
TITLE	D
NAME	BOWLER, KEVIN
STREET ADDRESS	22 TIDEWATER DR.
CITY-STATE-ZIP	ORMOND BEACH, FL 32174

**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:

Will E O'Neill c William E. O'Neill, 2-24-06, 386-673-9182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #