


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90199 022 \*\*\*\*61.25

<b>DOCUMENT # 764628</b>					
<b>1. Entity Name</b> FRSA EDUCATIONAL AND RESEARCH FOUNDATION, INC.					
<b>Principal Place of Business</b> 4111 METRIC DR. WINTER PARK, FL 32792 US			<b>Mailing Address</b> P.O. DRAWER 4850 ORLANDO, FL 32793		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2290298	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MUNNELL, STEPHEN W 4111 METRIC DR. WINTER PARK, FL 32792			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> SUTTER, STEVE <b>STREET ADDRESS</b> 8284 VICO CT. <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input type="checkbox"/> Delete		<b>TITLE</b> C <b>NAME</b> Cheshire, Jim <b>STREET ADDRESS</b> 2324 Randall Rd <b>CITY-ST-ZIP</b> Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> C <b>NAME</b> PURDY, ROBERT <b>STREET ADDRESS</b> 18 W STUMPFIELD RD <b>CITY-ST-ZIP</b> PENSACOLA, FL 32503	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SILVERS, MICHAEL <b>STREET ADDRESS</b> 2430 30TH AVE N <b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33713	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MUNNELL, STEPHEN <b>STREET ADDRESS</b> 4111 METRIC DR <b>CITY-ST-ZIP</b> WINTER PARK, FL 32792	<input type="checkbox"/> Delete		<b>TITLE</b> M <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LUIKART, MELANIE <b>STREET ADDRESS</b> PO BOX 15636 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SAMUELS, NEIL <b>STREET ADDRESS</b> PO BOX 511 <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32115	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stephen W. Munnell</u> <b>Stephen W Munnell</b> <u>4/9/07</u> <u>407.671.3772</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					