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

DOCUMENT # F02000000016

THE CHATLOS FOUNDATION, INC.



Principal Place of Business 710 MIAMI SPRINGS DR. LONGWOOD, FL. 32779

Mailing Address

PO BOX 915048

LONGWOOD, FL. 32791-5048

FILED									
Feb 20, 2007 8:00 am									
Secretary of State									

02-20-2007 90039 021 ****70.00

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LONGWOOD,	IL 32115		LONG	1000, IC 327314	J040	1 Heavier ink	Brija (1841 884) eenik eenik eenik eenik	EM 20 0 2011 IUN 2 01		
2. Principal Pl	ace of Busin	ess - No P.O. Box #	3. Maili	ng Address						
Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.		02072007	Chg-NP CR	2E037 (12/06)		
City & State	;		City & State			4. FEI Number Applied For 13-6161425 Not Applicable				
Zip	Country			Zip Coun		5. Certificate	of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
MORGAN, CHARLES O JR. 1300 NW 167TH ST., SUITE 3 MIAMI, FL 33169						Name Street Address (P.O. Box Number is Not Acceptable)				
						.,		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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE										
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campa Trust Fund Cont						\$5.00 May B Added to Fees		heck payable to epartment of St		
10. OFFICERS AND DIRECTORS 11.					11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	CD Delete			☐ Delete	nne	Change Addition				
NAME	· · · · · · · · · · · · · · · · · · ·				NAME					
STREET ADDRESS CITY-ST-ZIP		SHORE RD. Y, NJ 08204			STREET ADDRESS CITY-ST-ZIP					
TITLE	PD			Delete	TITLE:	☐ Change ☐ Additio			Addition	
NAME	CHATLOS, WILLIAM J				NAME]				
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	LONGWOOD, FL 32779				CITY-ST-ZIP					
TITLE	DT Delete			TITLE	0 '	000	Change	☐ Addition		
NAME	1	, CINDRE			NAME:	RANDOM CIN	055			
STREET ADORESS		REN RIDGE ROAD			STREET ADDRESS					
CITY-ST-ZIP		TTA, GA 30022			CITY-ST-ZIP			·	- <u></u>	
TITLE	D	ID CHARLES O		☐ Defete	DTLE			☐ Change	Addition	
NAME CTREET ADDRESS	l	I, JR., CHARLES O 167TH ST., SUITE 3			NAMÉ STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL				CITY-ST-ZIP					
		_ 33103				D		Change	C 4495	
TITLE NAME	D	S CAROL I		☐ Delete	TITLE NAME	CHATLOS, CAT	OL T	(Z) Change	Addition	
NAME CHATLOS, CAROL J STREET ADDRESS 256 CHURCHILL DR.				STREET ADDRESS	409 PL # 109					
CITY-ST-ZIP	[■			CITY-ST-ZIP	LONGWOOD F			ı		
TITLE	DVS			☐ Delete	TITLE	210		Change	Addition	
NAME	ROACH,	MICHELE		- Delete	NAME	ROACH, Mic	HELE	District Months		
STREET ADDRESS		A DI ESTE TERRACE,	#112		STREET ADDRESS	132 HONORS	s WAY		,	
CITY-ST-ZIP	LAKE MA	RY, FL 32746			CITY-ST-ZIP	WINTER SP	CHAS FL 33	2708		

12. I hereby certify that the information supplied with this filling 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: William J. Chatlos 2/101 407 869 507 7

SIGNATURE: _

William J. Chatlos MU (WILLIAM J

Daytime Phone #