

2003 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000016						<div style="font-size: 2em; font-family: cursive;">FILED</div> <div style="font-size: 1.5em;">2008 JUL 10 AM 8:33</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
1. Entity Name THE CHATLOS FOUNDATION, INC.				Principal Place of Business 710 MIAMI SPRINGS DR. LONGWOOD, FL 32779				Mailing Address PO BOX 915048 LONGWOOD, FL 32791-5048	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent MORGAN, CHARLES O JR. 1300 NW 167TH ST., SUITE 3 MIAMI, FL 33169				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RANDLE, KATHRYN 757 SEA SHORE RD. CAPE MAY, NJ 08204 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET CHATLOS 201 RIVERVIEW DRIVE LONGWOOD FL 32779 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHATLOS, WILLIAM J 201 RIVERVIEW DR. LONGWOOD, FL 32779 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERLYN DANNHAUSER 556 GREENSPRING CR. WINTERSPRINGS FL 32708 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RANDOM, CINDEE 10695 WREN RIDGE ROAD ALPHARETTA, GA 30022 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBERLY GRIMM 911 MOONLUSTER DRIVE CASSELBERRY, FL 32707 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JR., CHARLES O 1300 NW 167TH ST., SUITE 3 MIAMI, FL 33169 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 400132922514 07/15/08--01009--007 **61.25 </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATLOS, CAROL J 409 SUMMIT RIDGE PL #109 LONGWOOD, FL 327794619 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROACH, MICHELE 132 HONORS WAY WINTER SPRINGS, FL 32708 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>						
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: <i>William J. Morgan Jr. President</i>				06/13/08		407-862-5077			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			