

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000016

1. Entity Name
THE CHATLOS FOUNDATION, INC.



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2008 JUL 10 AM 8:33

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

Mailing Address
**PO BOX 915048
LONGWOOD, FL 32791-5048**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**MORGAN, CHARLES O JR.
1300 NW 167TH ST., SUITE 3
MIAMI, FL 33169**

4. FEI Number
13-6161425

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete RANDLE, KATHRYN 757 SEA SHORE RD. CAPE MAY, NJ 08204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete CHATLOS, WILLIAM J 201 RIVERVIEW DR. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete RANDOM, CINDEE 10695 WREN RIDGE ROAD ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORGAN, JR., CHARLES O 1300 NW 167TH ST., SUITE 3 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHATLOS, CAROL J 409 SUMMIT RIDGE PL #109 LONGWOOD, FL 327794619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete ROACH, MICHELE 132 HONORS WAY WINTER SPRINGS, FL 32708

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANET CHATLOS 201 RIVERVIEW DRIVE LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHERLYN DANHAUSER 556 GREENSPRING CR. WINTERSPRINGS FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KIMBERLY GRIMM 911 MOONLUSTER DRIVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400132922514 07/15/08--01009--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William J. Morgan Jr. President* **06/13/08** **407-862-5077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #