

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003373

1. Entity Name
LUPUS FOUNDATION OF AMERICA, INC.



Principal Place of Business
**2000 L ST NW
STE 710
WASHINGTON, DC 20036**

Mailing Address
**2000 L ST NW
STE 710
WASHINGTON, DC 20036**



01122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1131436

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC,
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

U000000424488
02/18/06-80053-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP BRIGHT, J. REEVE 135 SE FIFTH AVE., STE. 200 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RAYMOND, SANDRA CLAIRE 2000 L ST, NW STE 710 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SMITH, CHRISTINE 711 ARDMORE HOUSTON, TX 77054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCALLISTER, JACK 901 GARDENIA DRIVE #580 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLANFORD, LYNN 2000 W. LOOP SOUTH SUITE 1300 HOUSTON, TX 770273512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BRIGHT, J. REEVE 135 SE FIFTH AVENUE, SUITE 200 DELRAY BEACH, FL 33483

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06

Date

202-349-1155

Daytime Phone #