2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000000373

1. Entity Name
REMEMBRANCE AND RECONCILIATION, INC.

Principal Place of Business	Mailing Address
300 S HYDE PARK AVE STE 150 TAMPA, FL 33606	300 S HYDE PARK AVE STE 150 TAMPA, FL 33606

07232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3430786
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARTMAN, JOHN J PH.D
300 S HYDE PARK AVE STE 150
TAMPA, FL 33606

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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 John J Hartman John J. Hartman 7-23-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

U00000770415
07/25/07-80002-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	EDPT
NAME	HARTMAN, JOHN J PH.D
STREET ADDRESS	300 S HYDE PARK AVE STE 150
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	RADZILOWSKI, THADDEUS PH.D
STREET ADDRESS	3841 TALBOT
CITY-ST-ZIP	DETROIT, MI 482122808
TITLE	D
NAME	SZYMANSKI, MICHAEL
STREET ADDRESS	11903 JOSEPH CHAMPAU
CITY-ST-ZIP	HAMTRAMCK, MI 48212
TITLE	D
NAME	TRAISON, MICHAEL
STREET ADDRESS	150 W. JEFFERSON STE. 2500
CITY-ST-ZIP	DETROIT, MI 482264415
TITLE	D
NAME	SEMMEL, DAVID R
STREET ADDRESS	350 W. HUBBARD STE. 350
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John J Hartman John J. Hartman 7-23-07 813-258-4607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #