


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000000373	
1. Entity Name REMEMBRANCE AND RECONCILIATION, INC.	

Principal Place of Business 300 S HYDE PARK AVE STE 150 TAMPA, FL 33606	Mailing Address 300 S HYDE PARK AVE STE 150 TAMPA, FL 33606
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01032008 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 <input checked="" type="checkbox"/> \$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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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 relating) **DATE** _____

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

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01/08/08-80044-006 70.00

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

SIGNATURE: John J. Hartman **1-3-08** **813-258-4607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #