


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # F06000005777
1. Entity Name
PAMELA AND LESLIE MUMA FAMILY FOUNDATION, INC.



Principal Place of Business 100 PALMETTO RD BELLEAIR, FL 33756	Mailing Address 100 PALMETTO RD BELLEAIR, FL 33756
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 39-1933039	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MUMA, LESLIE M
100 PALMETTO RD
BELLEAIR, FL 33756**

**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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MUMA, LESLIE M 100 PALMETTO RD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUMA, PAMELA S 100 PALMETTO RD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEITZ, LISA D 6 GUERARD RD CHARLESTON, SC 29407
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: *PAMELA S. MUMA* 7-3-07 727-584-1807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAMELA S. MUMA, Secretary