

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001674

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: FUEREDI FOUNDATION, INC.

**Current Principal Place of Business:**

1852 GALLEON DRIVE  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

1852 GALLEON DRIVE  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: 59-3630903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYERS, WILLIAM ESQ.  
C/O FOWLER WHITE BOGGS BANKER  
5811 PELICAN BAY BOULEVARD - #600  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FUEREDI, ADAM  
Address: 4413 OUTER DRIVE #2  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: FUEREDI, MATHILDE A  
Address: 4413 OUTER DRIVE #2  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM FUEREDI

D

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date