

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

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000002222

1. Entity Name
A.C.T.I.O.N. FOUNDATION, INC.



Principal Place of Business
**1350 E.SUNRISE BLVD SUITE 121
FORT LAUDERDALE, FL 33304**

Mailing Address
**14321 SW 99 TH COURT
MIAMI, FL 33176**



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0995340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUCICAUT, KARL
14321 SW 99 TH COURT
MIAMI, FL 33176**

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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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 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	D VALBRUN-POPE, MICHAELLE 120 N.E. 11TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARTRIGHT, LUDOVIC 1040 SW 110TH LANE, DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSSELL, CANDICE 421 WEST TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOUCICAUT, ERIC 14321 SW 99 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORRISON, SAMUEL 1317 NE 2ND STREET FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, ELAINE 1975 EAST SUNRISE BOULEVARD, #810 FORT LAUDERDALE, FL 33304

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05/03/07-80009-022 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KARL/ERIC BOUCICAUT EXECUTIVE DIRECTOR 4-18-07