

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N00000003679

1. Entity Name
SLOCUM FAMILY FOUNDATION, INC.



Principal Place of Business
1544 SKYLINE DRIVE
KISSIMMEE, FL 34744

Mailing Address
1544 SKYLINE DRIVE
KISSIMMEE, FL 34744



03202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3651001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SLOCUM, GAIL W
1544 SKYLINE DRIVE
KISSIMMEE, FL 34744

**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

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	D
NAME	SLOCUM, GAIL W
STREET ADDRESS	1544 SKYLINE DRIVE
CITY-STATE-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	SLOCUM, LAWRENCE D
STREET ADDRESS	1544 SKYLINE DRIVE
CITY-STATE-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	SLOCUM DALPHOND, LINDSEY
STREET ADDRESS	1207 EDGE DRIVE
CITY-STATE-ZIP	NORTH MYRTLE BEACH, SC 29582
TITLE	D
NAME	SLOCUM, BRIAN
STREET ADDRESS	34-20 79TH ST, APT. 2I
CITY-STATE-ZIP	JACKSON HEIGHTS, NY 11372
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/30/07-80083-012 61.25

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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:

LAWRENCE D. SLOCUM *Lawrence D Slocum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

Date

407-709-5386

Daytime Phone #