## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007948

Entity Name: AUSTIN FOUNDATION, INC.

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3000 MARION COUNTY ROAD WEIRSDALE, FL 32195

Current Mailing Address: New Mailing Address:

P.O. BOX 318 3000 MARION COUNTY ROAD WEIRSDALE, FL 321950318 WEIRSDALE, FL 32195

FEI Number: 59-3683757 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

AUSTIN, GLORIA
3024 MARION COUNTY ROAD
WEIRSDALE, FL 321950068 US

AUSTIN, GLORIA
3024 MARION COUNTY ROAD
WEIRSDALE, FL 32195 US

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: 02/13/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: AUSTIN, GLORIA Name: AUSTIN, GLORIA

Address: POST OFFICE BOX 68, 3024 MARION COUNTY RD Address: 3000 MARION COUNTY ROAD

City-St-Zip: WEIRSDALE, FL 321950068 City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FELDMAN, JOHN H
 Name:

 Address:
 215 N. JOANNA AVE
 Address:

 City-St-Zip:
 TAVARES, FL 327783200
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 M-BOGNER, CHARON
 Name:
 M-BOGNER, CHARON

 Address:
 PO BOX 68,3000 MARION COUNTY RD
 Address:
 3000 MARION COUNTY RD

 City-St-Zip:
 WEIRSDALE, FL 32195
 City-St-Zip:
 WEIRSDALE, FL 32195

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: CHARON M. BOGNER D 02/13/2007