



**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

50033887

<b>DOCUMENT # N01000000028</b>				04-04-2005 90099 014 ****61.25	
1. Entity Name <b>THE DANNEN FOUNDATION, INC.</b>					
Principal Place of Business 5566 BROOKLINE DRIVE ORLANDO, FL 32819		Mailing Address 5566 BROOKLINE DRIVE ORLANDO, FL 32819			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DANNEN, DOUGLAS 5566 BROOKLINE DRIVE ORLANDO, FL 32819		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
D MULINARE, ANTHONY 230 N WESTMONTE DR SUITE 2200 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D DANNEN, CAROLYN 5566 BROOKLINE DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D DANNEN, DOUGLAS 5566 BROOKLINE DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DOUGLAS DANNEN 3/30/05 (407)876-0295					