

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90041 044 \*\*\*\*70.00

**DOCUMENT # N01000000896**

1. Entity Name  
**JNN FOUNDATION, INC.**



Principal Place of Business  
**721 VERONA ST  
KISSIMMEE, FL 34741**

Mailing Address  
**721 VERONA ST  
KISSIMMEE, FL 34741**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59-3699113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KELLY, CLINE R DIRECTO  
2150 PINE NEEDLE TR  
KISSIMMEE, FL 34746**

Name **LINDA LITTLEFIELD**

Street Address (P.O. Box Number is Not Acceptable)

**2602 FLORENCE ST.**

City **KISSIMMEE**

FL

Zip Code **34744**

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

**LINDA Littlefield, Senior Advisor 3/1/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, WILLIAM E	
STREET ADDRESS	2200 PINE NEEDLE TR.	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLEAN, ALEXANDER J	
STREET ADDRESS	9653 CROWN PRINCE LANE	
CITY-ST-ZIP	WINDERMERE, FL 347866206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLEAN, DENISE I	
STREET ADDRESS	9653 CROWN PRINCE LANE	
CITY-ST-ZIP	WINDERMERE, FL 347866206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLINE, KELLY	
STREET ADDRESS	2150 PINE NEEDLE TR.	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, BRADLEY	
STREET ADDRESS	2151 PINE NEEDEL TR	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARIERA, DEBORAH	
STREET ADDRESS	5560 SHORE CT.	
CITY-ST-ZIP	NORTH BAY, FL 32819	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross J. Littlefield	
STREET ADDRESS	721 Verona Street	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilberto M. VASQUEZ	
STREET ADDRESS	343 W. NOLTE STREET	
CITY-ST-ZIP	SEGUIN, TX 78155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA Littlefield, ESQ.	
STREET ADDRESS	721 Verona Street	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Main	
STREET ADDRESS	900 S. LAS VEGAS BLVD. #1200	
CITY-ST-ZIP	LAS VEGAS, NV 89101	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jessica LARSEN	
STREET ADDRESS	721 VERONA STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

**LINDA Littlefield**

**3/1/07**

**407 933 4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #