


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005996	
1. Entity Name HAROLD CARNEGIE APISDORF AND JUNE E. APISDORF CHARITABLE FOUNDATION, INC.	

Principal Place of Business 711 JACARANDO BLVD VENICE, FL 34292	Mailing Address 711 JACARANDO BLVD VENICE, FL 34292
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1132498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APISDORF, JUNE E
 711 JACARANDA BLVD
 VENICE, FL 34292

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APISDORF, JUNE E 2425 GULF OF MEXICO DRIVE, #13A SARASOTA, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUEBNER, THOMAS F 711 JACARANDO BLVD VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUVESON, SANDRA 4279 OAKHURST CIR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAND, GREGORY S 1680 FRUITVILLE ROAD, STE 105 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/15/08-80045-019 61.25

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:  1-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #