

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 021 ****61.25

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DOCUMENT # N02000000072 1. Entity Name SYMONDS FAMILY FOUNDATION, INC.					
Principal Place of Business 2021 PALM LANE ORLANDO, FL 32803			Mailing Address 2021 PALM LANE ORLANDO, FL 32803		
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	4. FEI Number 36-7380980	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, WILLIAM E 2021 PALM LANE ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	PTD <input type="checkbox"/> Delete				
NAME	ROGERS, WILLIAM E				
STREET ADDRESS	2021 PALM LANE				
CITY-ST-ZIP	ORLANDO, FL 32803				
TITLE	SD <input type="checkbox"/> Delete				
NAME	FRENCH, LOUISE R				
STREET ADDRESS	1927 GREEN MEADOW LANE				
CITY-ST-ZIP	ORLANDO, FL 32825				
TITLE	VD <input type="checkbox"/> Delete				
NAME	ROGERS, JAMES H				
STREET ADDRESS	358 HUDSON ST				
CITY-ST-ZIP	REDWOOD CITY, CA 94062				
TITLE	D <input type="checkbox"/> Delete				
NAME	FOLEY, EVA S				
STREET ADDRESS	20 W LUCERNE CIR, APT 619				
CITY-ST-ZIP	ORLANDO, FL 32801				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FOLEY, EVA S.				
STREET ADDRESS	350 E. JACKSON ST.				
CITY-ST-ZIP	ORLANDO, FL 32801				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>William E. Rogers</u> WILLIAM E. ROGERS 3-9-07 407-797-4953 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					