

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90414 042 \*\*\*\*70.00

<b>DOCUMENT # N02000001394</b> 1. Entity Name <b>DAILY SPRINGS FOUNDATION INC.</b>					
Principal Place of Business <b>311 N. UNIVERSITY DRIVE PLANTATION, FL 33324</b>			Mailing Address <b>618 PARKWAY COURT GREENACRES, FL 33413</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04182007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>83-0342937</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>BROWN, GLADYS 618 PARKWAY COURT GREENACRES, FL 33413</b>		7. Name and Address of New Registered Agent Name <u>Brown Gladys</u> Street Address (P.O. Box Number is Not Acceptable) <u>2093 Vining Circle APT 207</u> <u>Wellington FL</u> City <u>Wellington</u> State <u>FL</u> Zip Code <u>33414</u>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, GLADYS 618 PARKWAY COURT GREENACRES, FL 33413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brown Gladys 2093 Vining Circle Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HART, CHARMAINE A POST OFFICE BOX 590541 TAMARAC, FL 33359	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hart, Charmaine #330 N.W. 3rd Court Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, CLARENCE M 311 N W 28TH WAY FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Charmaine Hart</u>			Date <u>4/26/07</u> (56) 3304-3362		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #</small>					