

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90029 034 ****61.25

DOCUMENT # N02000003434

1. Entity Name
THE SEBASTIAN CLAMBAKE FOUNDATION, INC.



Principal Place of Business
**945 SEBASTIAN BLVD STE 6
SEBASTIAN, FL 32958**

Mailing Address
**PO BOX 780436
SEBASTIAN, FL 32978**

40052541



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State
SEBASTIAN FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32958

Country
USA

Zip

Country

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

**NAPIER, MICHELLE ESQ
1565 US 1 N.
SEBASTIAN, FL 32958**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CIRILLO, ANJANI**
STREET ADDRESS **11155 ROSELAND ROAD**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **CHD** ☒ Delete
NAME **KING, JOHN**
STREET ADDRESS **PO BOX 780942**
CITY-ST-ZIP **SEBASTIAN, FL 32978**

TITLE **T** ☒ Delete
NAME **KING, JAN**
STREET ADDRESS **PO BOX 780942**
CITY-ST-ZIP **SEBASTIAN, FL 32978**

TITLE **VP** ☐ Delete
NAME **VEIDT, NANCY**
STREET ADDRESS **352 BANYAN ST**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **D** ☒ Delete
NAME **STRINGER, RICH**
STREET ADDRESS **356 CONCHA DR**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **D** ☐ Delete
NAME **REICHART, SHERI**
STREET ADDRESS **13415 N INDIAN RIVER DR**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-CHAIR** ☒ Change ☐ Addition
NAME **BETSY FIELD-CONNELLY**
STREET ADDRESS **149 KILDARE DR.**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME **TEDDI HULSE**
STREET ADDRESS **402 COPLY TERR**
CITY-ST-ZIP **SEBASTIAN**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RICK ALLEN** ☒ Change ☐ Addition
NAME **701 CAPON TERRACE**
STREET ADDRESS **SEBASTIAN FL 32958**

TITLE **REICHERT** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-08

Date

772-389-1403
X112

Daytime Phone

ATTACHMENT
40052541
NO 2000003434

ADDITIONAL

TRGAS.

DOT JUDAH

13685 77th TERR.

SEBASTIAN, FL 32958

D

MARILYN WALDIS

1462 BEVAN DR.

SEBASTIAN, FL 32958