

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000003767
 1. Entity Name
FRIENDS OF THE GARDEN TOMB, USA, INC.



Principal Place of Business
**7380 SAND LAKE RD, STE 100
 ORLANDO, FL 32819**

Mailing Address
**7380 SAND LAKE RD, STE 100
 ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0446083	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**STRACK, JAY DR.
 7380 SAND LAKE RD, STE 100
 ORLANDO, FL 32819**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR STRACK, JAY 7380 SAND LAKE RD, STE 100 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR THOMAS, STAN 45 ANSLEY DR. NEWNAN, GA 30263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR THOMAS, CLAUDE 6002 HIGHLAND HILLS LN COLLEYVILLE, TX 76034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR FERGUSON, DAVID 11615 ANGUS RD SUITE 203 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/07-80075-005 70.00

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: Jay Strack DR. JAY STRACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-15-07 Daytime Phone #: 407-248-0300x116