

**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**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **03-0446083** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

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

**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 **DR**
NAME **STRACK, JAY**
STREET ADDRESS **7380 SAND LAKE RD, STE 100**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **MR**
NAME **THOMAS, STAN**
STREET ADDRESS **45 ANSLEY DR.**
CITY-ST-ZIP **NEWNAN, GA 30263**

TITLE **DR**
NAME **THOMAS, CLAUDE**
STREET ADDRESS **6002 HIGHLAND HILLS LN**
CITY-ST-ZIP **COLLEYVILLE, TX 76034**

TITLE **DR**
NAME **FERGUSON, DAVID**
STREET ADDRESS **11615 ANGUS RD SUITE 203**
CITY-ST-ZIP **AUSTIN, TX 78759**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000596312
01/23/07-80075-005 70.00

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. JAY STRACK
Date

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