

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 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**



01302008 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

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**

**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  
**DR  
STRACK, JAY  
7380 SAND LAKE RD, STE 100  
ORLANDO, FL 32819**

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

000000017072  
02/14/08-80077-012 61.25

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Dr. Jay Strack** 1-30-08 407-248-0300