

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005669

FILED
Mar 17, 2007
Secretary of State

Entity Name: KENARD LANG FOUNDATION, INC.

Current Principal Place of Business:

7017 SLATE ST.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

7017 SLATE ST.
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 36-4502710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, CALVIN
7017 SLATE ST.
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: F () Delete
Name: LANG, KENARD
Address: 7017 SLATE ST.
City-St-Zip: ORLANDO, FL 32810

Title: CD () Delete
Name: LANG, CALVIN
Address: 7017 SLATE ST.
City-St-Zip: ORLANDO, FL 32810

Title: FVCD () Delete
Name: LANG, JOHNNIE
Address: 7017 SLATE ST.
City-St-Zip: ORLANDO, FL 32810

Title: SVCD () Delete
Name: BROWN-BUTLER, KATHY
Address: 1258 MAJESTIC OAK DR.
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: CHARLESTON, BRANDY
Address: 4910 SILVER OARS VILLAGE
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: BROOKE, HOWARD
Address: 4306 S LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN LANG

CD

03/17/2007

Electronic Signature of Signing Officer or Director

Date