2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N02964

1. Entity Name
FIDACAP, INC.

Principal Place of Business	Mailing Address
2611 SARANAC AVE WEST PALM BEACH, FL 33409 US	2611 SARANAC AVE WEST PALM BEACH, FL 33409 US

07022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2531694
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOELET, GLORIA
2611 SARANAC AVE
WEST PALM BEACH, FL 33409

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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 September 14, 2007

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

U00000768422
07/12/07-80011-010 70.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GOELET, GLORIA
STREET ADDRESS	2611 SARANAC AVE
CITY-ST-ZIP	W. PALM BCH, FL 33409
TITLE	SD
NAME	TAYLOR, ANNE
STREET ADDRESS	1768 S. OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL
TITLE	VPD
NAME	BENNETT-MCGRADY, COLLEEN
STREET ADDRESS	1800 FLORIDA AVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	TURNER, HELEN
STREET ADDRESS	430 29TH ST.
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	KENDER, JOHN
STREET ADDRESS	4741 SOUTHERN BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gloria Goelet 7/8/07 (561) 6898445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #