


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90185 023 ****61.25

| | | | |
|--|--|---|---|
| DOCUMENT # N03000000941 1. Entity Name MARCO POLICE FOUNDATION, INC. | |  | |
| Principal Place of Business 124 SHORECREST COURT MARCO ISLAND, FL 34145 | | Mailing Address 124 SHORECREST COURT MARCO ISLAND, FL 34145 | |
| 2. Principal Place of Business - No P.O. Box # 1083 N. Collier Blvd | | 3. Mailing Address 1083 N. Collier Blvd | |
| Suite, Apt. #, etc. # 123 | | Suite, Apt. #, etc. # 123 | |
| City & State Marco Island FL | | City & State Marco Island FL | |
| Zip 34145 Country USA | | Zip 34145 Country USA | |
| 4. FEI Number 65-1135875 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORRIS, WILLIAM G ESQ. 247 N. COLLIER BLVD. SUITE 202 MARCO ISLAND, FL 34145 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | C/D SHANNAHAN, RICHARD S <input checked="" type="checkbox"/> Delete 427 BARCELONA COURT MARCO ISLAND, FL 34145 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | C/D Jack Patterson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860 Panama Ct Marco Island FL 34145 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCD PATTERSON, JACK <input type="checkbox"/> Delete 860 PANAMA COURT MARCO ISLAND, FL 34145 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCD Bernardo Bezos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1588 Biscayne Way Marco Island FL 34145 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T/D SANDERS, DEBRA <input checked="" type="checkbox"/> Delete 124 SHORECREST CT MARCO ISLAND, FL 34145 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T/D Kenneth Kubat <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 Heron Ct Marco Island FL 34145 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Kenneth J. Kubat</u> Kenneth J. Kubat 4-10-07 239-642-7740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |
| TREASURER | | | |

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