


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90010 039 \*\*\*\*67.00

<b>DOCUMENT #</b> N03000001062	
<b>1. Entity Name</b> KISSING COUSINS CHARITY ORGANIZATION, INC.	

<b>Principal Place of Business</b> 4010 W. LEMON ST. TAMPA, FL 33609	<b>Mailing Address</b> 4010 W. LEMON ST. TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 32-0059630	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

TESTA, PHILIP J SR  
4726-B N. LOIS AVE.  
TAMPA, FL FL

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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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PT	<b>NAME</b> MONGIOVI, RICHARD J JR
<b>STREET ADDRESS</b> 4010 LEMON ST.	<b>CITY-ST-ZIP</b> TAMPA, FL 33609
<b>TITLE</b> VS	<b>NAME</b> MONGIOVI, MELISSA
<b>STREET ADDRESS</b> 4010 LEMON ST.	<b>CITY-ST-ZIP</b> TAMPA, FL 33609
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

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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:**  **4/12/07** **8136290887**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard Mongiovi Jr.