

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N03000001541

1. Entity Name
ACOSTA-RUA FAMILY FOUNDATION, INC.



Principal Place of Business
**2323 OAK ST
JACKSONVILLE, FL 32204**

Mailing Address
**2323 OAK ST
JACKSONVILLE, FL 32204**



04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0007204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ACOSTA-RUA, FERNANDO J
2323 OAK ST
JACKSONVILLE, FL 32204**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACOSTA-RUA, MARIA V
STREET ADDRESS	4460 ORTEGA FOREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	ACOSTA-RUA, FERNANDO J
STREET ADDRESS	4460 ORTEGA FOREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	ACOSTA-RUA, ANTONIO J
STREET ADDRESS	4460 ORTEGA FOREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000725103
05/03/07-80008-025 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: *M V Acosta-Rua MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07
Date

904-389-3007
Daytime Phone #