

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 27 PM 3: 32

DOCUMENT # N04000001216

1. Entity Name
FOUNDERS' DAY~FLORIDA STYLE, INC.



Principal Place of Business
2225 AMELIA CIRCLE
TALLAHASSEE, FL 32304

Mailing Address
2225 AMELIA CIRCLE
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

2629 Nez Perce Trail
Suite, Apt. #, etc.

3. Mailing Address

2629 Nez Perce Trail
Suite, Apt. #, etc.

City & State
Tallahassee FL

Zip
32303

Country
USA

City & State
Tallahassee FL

Zip
32303

Country
USA

4. FEI Number
20-0561241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOELEMIJ, KEVIN J
2225 AMELIA CIRCLE
TALLAHASSEE, FL 32304

Name
JOSEPH DeBELLIS

Street Address (P.O. Box Number is Not Acceptable)

7581 Old Saint Augustine Road

City
Tallahassee

FL

Zip Code
32311

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

Joseph M DeBellis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/07

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME KOELEMIJ, KEVIN J
STREET ADDRESS 2225 AMELIA CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VTD ☒ Delete
NAME TITCHER, ROBERT N
STREET ADDRESS 3401 ROBINHOOD RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VD ☐ Delete
NAME DEBELLIS, JOE
STREET ADDRESS 2225 AMELIA CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VD ☐ Delete
NAME PORTER, KAREN
STREET ADDRESS 2225 AMELIA CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VD ☐ Delete
NAME INGRAM, REGINA
STREET ADDRESS 2225 AMELIA CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VD ☐ Delete
NAME WOOD, DON
STREET ADDRESS 1944 LAWSON ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100099256361
STREET ADDRESS 04/30/07--01004--002 **70.00
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Greg Stallings
STREET ADDRESS 921 Cherry St
CITY-ST-ZIP Tallahassee FL 32303

TITLE PD ☒ Change ☐ Addition
NAME JOSEPH DeBELLIS
STREET ADDRESS 7581 Old Saint Augustine Road
CITY-ST-ZIP Tallahassee FL 32311-9126

TITLE VD ☒ Change ☐ Addition
NAME Karen Porter
STREET ADDRESS 3713 Shoreline Drive
CITY-ST-ZIP Tallahassee FL 32305

TITLE VTD ☒ Change ☐ Addition
NAME Regina Ingram
STREET ADDRESS 2629 NEZ PERCE TRAIL
CITY-ST-ZIP Tallahassee FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M DeBellis

4/27/07

Date

850-508-8563

Daytime Phone #