

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 28, 2007
Secretary of State

DOCUMENT# N04000001216

Entity Name: FOUNDERS' DAY~FLORIDA STYLE, INC.**Current Principal Place of Business:**2629 NEZ PERCE TRAIL
TALLAHASSEE, FL 32303**New Principal Place of Business:****Current Mailing Address:**2629 NEZ PERCE TRAIL
TALLAHASSEE, FL 32303**New Mailing Address:****FEI Number:** 20-0561241**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEBELLIS, JOSEPH
7581 OLD SAINT AUGUSTINE ROAD
TALLAHASSEE, FL 32311 US**Name and Address of New Registered Agent:**INGRAM, KAREN R
2629 NEZ PERCE TRAIL
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: KAREN REGENA INGRAM

11/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: STALLINGS, GREG
Address: 821 CHERRY ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD () Delete
Name: DEBELLIS, JOE
Address: 7581 OLD SAINT AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 323119126

Title: VD () Delete
Name: PORTER, KAREN
Address: 3713 SHORELINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: VTD () Delete
Name: INGRAM, REGINA
Address: 2629 NEZ PERCE TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD (X) Delete
Name: WOOD, DON
Address: 1944 LAWSON ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: NYMAN, PHILLIP
Address: 2719 WEST THARPE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD (X) Change () Addition
Name: INGRAM, KAREN R
Address: 2629 NEZ PERCE TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD (X) Change () Addition
Name: SANNEMAN, AMANDA
Address: 928 HAWTHORNE STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: VTD (X) Change () Addition
Name: WISNEWSKI, PAUL
Address: 1317 LINDA ANN ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN REGENA INGRAM

PD

11/28/2007

Electronic Signature of Signing Officer or Director

Date