

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90002 026 \*\*\*\*61.25

**DOCUMENT # N04000003971**

1. Entity Name

**MARTI-MACEO SOCIETY FOUNDATION, INC.**



Principal Place of Business

1226 E. 7TH AVE.  
TAMPA FL 33675-6144

Mailing Address

1226 E. 7TH AVE.  
TAMPA FL 33675-6144

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

59-0746735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALLEJAS, LINDA M  
518 RICHLYNE ST., #D  
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name Linda M. Callejas

Street Address 10922 N. Boulevard

City Tampa

FL

Zip Code 33612

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

9/1/06

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

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	C	<input type="checkbox"/> Delete
NAME	CASELLAS, GILBERT	
STREET ADDRESS	7100 BEECHWOOD DR.	
CITY - ST - ZIP	CHEVY CHASE MD 20815	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, MICHAEL	
STREET ADDRESS	1621 WISCONSIN AVE.	
CITY - ST - ZIP	RACINE WI 53403	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOSAL, PAUL	
STREET ADDRESS	1227 E. COMANCHE AVE.	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASELLAS-ALLEN, BELINDA	
STREET ADDRESS	7106 WRENWOOD CIRCLE	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALLEJAS, LINDA M	
STREET ADDRESS	10922 N BOULEVARD	
CITY - ST - ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan D. Greenbaum	
STREET ADDRESS	517 Monroe Ave.	
CITY - ST - ZIP	Temple Terrace, FL 33617	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aaron A. Smith	
STREET ADDRESS	4601 Orangewood Terrace	
CITY - ST - ZIP	Tampa, FL 33610	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herman Monroe	
STREET ADDRESS	4601 Orangewood Terrace	
CITY - ST - ZIP	Tampa, FL 33610	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ninon Bello	
STREET ADDRESS	2110 W. Clifton Street	
CITY - ST - ZIP	Tampa, FL 33603	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Linda Callejas 9/1/06 (813) 974-6328