2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N04000005865

Entity Name: MAD DADS FORT PIERCE CHAPTER, INC.

Current Principal Place of Business:

811 NORTH 23RD STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

811 NORTH 23RD STREET
FORT PIERCE, FL 34950

New Mailing Address:

811 NORTH 23RD STREET
FORT PIERCE, FL 34950

FEI Number: 77-0638966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILPART, TOBY
1513 NORTH 23RD STREET
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HALL, LEON
Address: 811 NORTH 23RD STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: S ( ) Delete
Name: PHILPART, TOBY
Address: 1931 ROYAL PALM DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Delete
Name: BENNETT, LEROY
Address: 2101 VALENCIA AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: ED ( ) Delete
Name: BROWN, ROBERT
Address: 601 NORTH 15TH STREET
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT E. BROWN ED 04/28/2008

Electronic Signature of Signing Officer or Director — Date