

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 012 ****61.25

DOCUMENT # N04000007135 1. Entity Name THE ELS AND BILL VAN ENGELENBURG CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1523 MALLARD CT TITUSVILLE, FL 32796			Mailing Address 1523 MALLARD CT TITUSVILLE, FL 32796		
2. Principal Place of Business - No P.O. Box # 7 INDIAN RIVER AVE. Suite, Apt. #, etc. APT. 1204		3. Mailing Address 7 INDIAN RIVER AVE Suite, Apt. #, etc. APT. 1204			
City & State TITUSVILLE FL Zip 32796		City & State TITUSVILLE FL Zip 32796		4. FEI Number 20-1406569	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN ENGELENBURG, WC 1523 MALLARD CT 7 INDIAN RIVER AVE - APT. 1204 TITUSVILLE, FL 32796				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7 INDIAN RIVER AVENUE APT. 1204 City TITUSVILLE FL Zip Code 32796	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAN ENGELENBURG, WC 1523 MALLARD CT 7 INDIAN RIVER AVE APT. 1204 TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAN ENGELENBURG WC 7 INDIAN RIVER AVE - APT. 1204 TITUSVILLE, FL 32796	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAN ENGELENBURG, ELTJE HENDRIKA 1523 MALLARD CT 7 INDIAN RIVER AVE APT. 1204 TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAN ENGELENBURG, ELTJE HENDRIKA 7 INDIAN RIVER AVE APT. 1204 TITUSVILLE, FL 32796	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAN ENGELENBURG, W.C.VII (INCORRECT SPELLING) 25302 199TH PLACE S.E. KENT, WA 98042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAN ENGELENBURG, WC VII 26452 137TH AVE. SE KENT, WA 98042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TO CORRECT SPELLING & ADDRESS CHANGES		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			4-09-07 321-265-5913 Date Daytime Phone #		