

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

03-27-2007 90018 004 ****61.25

DOCUMENT # N04000007826 1. Entity Name 98.6 FOUNDATION, INC.					
Principal Place of Business 5095 REGENCY ISLES WAY COOPER CITY FL 33330			Mailing Address 5095 REGENCY ISLES WAY COOPER CITY FL 33330		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-2033179 APPLIED FOR	
Zip		Country		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	
ALLEN, LOUISE J 200 EAST LAS OLAS BLVD SUITE 2100 (PHA) FT. LAUDERDALE FL 33301				Name DONALD MANDRELL Street Address (P.O. Box Number is Not Acceptable) 1400 ST. CHARLES PL #507 City PEMBROKE PINES FL Zip Code 33026	
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 DONALD MANDRELL 2/25/07 (NOTE: Registered Agent Signature required when renewing)					
FILE NOW: 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition		
NAME	LEZCANO, ANAIS	NAME			
STREET ADDRESS	5095 REGENCY ISLES WAY	STREET ADDRESS			
CITY- ST- ZIP	COOPER CITY FL 33330	CITY- ST- ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MANDELL, DONALD	NAME			
STREET ADDRESS	1400 ST. CHARLES ST., #507	STREET ADDRESS			
CITY- ST- ZIP	PEMBROKE PINES FL 33026	CITY- ST- ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MANDELL, JEFFERY	NAME			
STREET ADDRESS	5095 REGENCY ISLES WAY	STREET ADDRESS			
CITY- ST- ZIP	COOPER CITY FL 33330	CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]		Date 3/14/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					