

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008728

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: THE DIALOGUE FOUNDATION, INC.

**Current Principal Place of Business:**

2213 BISPHAM ROAD  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2213 BISPHAM ROAD  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 55-0883876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, SHERRI L  
3415 MAGIC OAK LANE  
SARASOTA, FL 34232 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: MISS ( ) Delete  
Name: REBER, NICHOLE L PRES  
Address: 2213 BISPHAM ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: MR. ( ) Delete  
Name: CASADIO, NICOLAS J VP  
Address: 14819 SUSSEX DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: MRS. ( ) Delete  
Name: COOK, KATE TREASUR  
Address: 11160 AMY FRANCES LANE  
City-St-Zip: ALPHARETTA, GA 30022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: MR. (X) Change ( ) Addition  
Name: CASADIO, NICOLAS J VP  
Address: 15 SOUTH BLVD OF THE PRESIDENTS  
City-St-Zip: SARASOTA, FL 34236

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLE L. REBER

PRES

04/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date