2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N04000010895

Entity Name: THE MYRNA MUNROE FOUNDATION FOR DISADVANTAGED CHILDREN, INC.

Current Principal Place of Business:

3402 E. DEBAZAN AVE.
ST. PETE BCH, FL 33706

New Principal Place of Business:

Current Mailing Address:

3402 E. DEBAZAN AVE.
ST. PETE BCH, FL 33706

New Mailing Address:

FEI Number: 02-0733815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNROE, BARRIE S
3402 E. DEBAZAN AVE.
ST. PETE BCH, FL 33706 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: PD ( ) Delete
Name: MUNROE, BARRIE S
Address: 3402 E. DEBAZAN AVE.
City-St-Zip: ST. PETE BCH, FL 33706

Title: SD ( ) Delete
Name: MUNROE, JAMES B
Address: 199 21ST AVE.
City-St-Zip: ST. PETE BCH, FL 33706

Title: T ( ) Delete
Name: YOUNG, RAND
Address: 100 N FEDERAL HWY PH1522
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: SIMKO, COLLEEN
Address: 521-77TH AVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D ( ) Delete
Name: WOLF, MICHELLE
Address: 6116 KIPPS COLONY DR W
City-St-Zip: GULFPORT, FL 33707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: SKINNER, TERI
Address: 1117 PINELLAS BAYWAY #208
City-St-Zip: TIERRA VERDE, FL 33715

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: BARRIE S MUNROE PD 01/04/2007

Electronic Signature of Signing Officer or Director — Date