
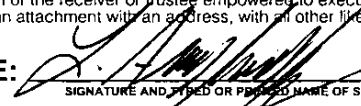


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90030 049 \*\*\*\*61.25

<b>DOCUMENT # N04000011865</b>					
1. Entity Name <b>MAKE A DIFFERENCE HEALTHCARE FOUNDATION, INC.</b>					
Principal Place of Business <b>6161 DR. MARTIN LUTHER KING JR. ST NO. SUITE 205 ST. PETERSBURG, FL 33703</b>			Mailing Address <b>6161 DR. MARTIN LUTHER KING JR. ST NO. SUITE 205 ST. PETERSBURG, FL 33703</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2066152</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRAMLET, DALE G 6161 DR. MARTIN LUTHER KING JR. ST NO. SUITE 205 ST. PETERSBURG, FL 33703</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<b>PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRAMLET, DALE G</b>		NAME	<b>YAMADA, KENGO</b>	
STREET ADDRESS	<b>6161 DR. MARTIN LUTHER KING JR. ST NO.</b>		STREET ADDRESS	<b>6161 DR. MARTIN LUTHER KING JR. ST. NO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33703</b>		CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33703</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<b>T, CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVIN, NORMAN ESQ</b>		NAME	<b>KIMMITT, JR., L. ALLEN</b>	
STREET ADDRESS	<b>6161 DR. MARTIN LUTHER KING JR. ST NO.</b>		STREET ADDRESS	<b>6161 DR. MARTIN LUTHER KING JR. ST. NO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33703</b>		CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33703</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, MARGARET R</b>		NAME		
STREET ADDRESS	<b>852 3RD AVENUE SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TIERRA VERDE, FL 33715</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an other like empowered.					
SIGNATURE:  <b>L. ALLEN KIMMITT JR. CFO</b> 5/1/07 (727) 521-9200					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40100



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