

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000348

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: FIRST RESPONDERS FOUNDATION, INC.

**Current Principal Place of Business:**

945 COBBLESTONE LANE  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

945 COBBLESTONE LANE  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

FEI Number: 04-3803985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACKIN, COLLEEN A  
945 COBBLESTONE LANE  
TARPON SPRINGS, FL 34688 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: MACKIN, COLLEEN A  
Address: 945 COBBLESTONE LANE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete  
Name: LITTLE, JOHN  
Address: 12945 SEMINOLE BLVD., BLDG.2, SUITE 16  
City-St-Zip: LARGO, FL 33778

Title: D ( ) Delete  
Name: INGOLD, TIM  
Address: 550 COMMERCE DR.  
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete  
Name: BORLAND, ROBIN  
Address: 2433 APPALOOSA TR.  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: SCHAFER, WALTER L  
Address: 2430 ESTANCIA BLVD., SUITE 108  
City-St-Zip: CLEARWATER, FL 336712607

**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:

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: COLLEEN A MACKIN

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date