

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N05000001401

1. Entity Name
**THE ERICKA DUNLAP CROWN JEWEL FOUNDATION,
INC.**



Principal Place of Business
**1136 MARTIN LUTHER KING DR
ORLANDO, FL 32805**

Mailing Address
**1136 MARTIN LUTHER KING DR
ORLANDO, FL 32805**



04092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1102223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, FANNIE
1136 MARTIN LUTHER KING DR
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000730720
05/08/07-80088-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, ERICKA 825 STARLIGHT COVE RD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, FANNIE 1136 MARTIN LUTHER KING DR ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOVER, JOHNNIE M 1135 MARTIN LUTHER KING DR ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MICKEL 737 GREENE ST DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Ericka Dunlap* Ericka Dunlap

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-07 407-298-7302