

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-04-2008 90018 017 ****61.25

DOCUMENT # N05000003457

1. Entity Name
FUSION COALITION, INC



Principal Place of Business
**2119 NE 15TH TERRACE
WILTON MANORS, FL 33305 US**

Mailing Address
**2119 NE 15TH TERRACE
WILTON MANORS, FL 33305 US**



01192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2602313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**FOJTIK, MELISSA J
2119 NE 15TH TERRACE
WILTON MANORS, FL 33305**

**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 resigning)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FOJTIK, MELISSA J**
STREET ADDRESS **2119 NE 15TH TERRACE**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **TRE**
NAME **SCAMAN, KATHLEEN M**
STREET ADDRESS **5180 NESTING WAY #C**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/08