

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005174

FILED
Apr 04, 2006
Secretary of State

Entity Name: ALLIANCE FOR THE LOST BOYS OF SUDAN, INC.

Current Principal Place of Business:

2807 NORTH 1 0TH STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

2807 NORTH 1 0TH STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3808251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECHT, JOAN
2807 NORTH 1 0TH STREET
ST. AUGUSTINE, FL 32084

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: D () Delete
Name: HECHT, JOAN
Address: 2807 NORTH 1 0TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: REEL, JEFF
Address: 2807 NORTH 1 0TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: WALLER, THOMAS
Address: 2807 NORTH 1 0TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: SEETHALER, HOLLI
Address: 2807 NORTH 1 0TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: LEONE, JACK
Address: 2807 NORTH 1 0TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: STORMS, MARYELLEN
Address: 2807 NORTH 1 0TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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: () 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: JOAN HECHT

D

04/04/2006

Electronic Signature of Signing Officer or Director

Date