

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

04-17-2007 90245 029 ****61.25

DOCUMENT # N05000007343

1. Entity Name
BURUNDI ORPHAN RELIEF, INC.



Principal Place of Business
**2343 HOLLY LANE
PALM BEACH GARDENS, FL 33410**

Mailing Address
**2343 HOLLY LANE
PALM BEACH GARDENS, FL 33410**

DO NOT WRITE IN THIS SPACE

66012563



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3078248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOHER, THOMAS
2343 HOLLY LANE
PALM BEACH GARDENS, FL 33410**

**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 *Thomas Moher*

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

(NOTE: Registered Agent signature required when reinstating)

4/5/07

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOHER, THOMAS
2343 HOLLY LANE
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOHER, SANDY
2343 HOLLY LANE
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITTER, RICK
142 SANTA BARBARA WAY
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITTER, LETHA
142 SANTA BARBARA WAY
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROYALS, JOSEPH
12900 CALAIS CIR.
PALM BEACH GARDENS, FL 33410**

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: *Thomas Moher*

4/29/07