


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90021 005 ****61.25

DOCUMENT # N05000007601					
1. Entity Name THE LINDA ROLAND FOUNDATION FOR A FUTURE, INC.					
Principal Place of Business 1205 SALT LAKE DR TARPON SPRINGS, FL 34689				Mail P O BOX 278 TARPON SPRINGS, FL 34688	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country United States	Zip	Country United States	4. FEI Number 20-3246752	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADER, KRISTA 1205 SALT LAKE DR TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name: Braden, Krista Street Address (P.O. Box Number is Not Acceptable): → SAME City: FL Zip Code:		
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: <u>Krista J Braden</u> <u>3/27/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BRADER, KRISTA STREET ADDRESS 1205 SALT LAKE DR CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE Managing Director NAME Braden, Krista STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROLAND, LINDA STREET ADDRESS 13405 SAN RAFAEL CITY-ST-ZIP LARGO, FL 33744	<input type="checkbox"/> Delete		TITLE Director-Schreiner, Mindy NAME 3333 Whispering Dr. N. STREET ADDRESS Largo, FL 33771 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CORALES, JOSEPH STREET ADDRESS 13405 SAN RAFAEL CITY-ST-ZIP LARGO, FL 33744	<input type="checkbox"/> Delete		TITLE Director-Bailey, Joann NAME 2830 Rampart Circle STREET ADDRESS Clearwater, FL 33761 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WALDEN, TAMMY STREET ADDRESS 620 LOCUST ST CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE Director-Vales, Melissa NAME 1731 Joshua Court STREET ADDRESS Palm Harbor, FL 34683 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Krista Braden</u> <u>Krista Braden</u> <u>3/27/06</u> <u>(727) 432-3294</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)</small>					