

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007601

FILED
Aug 25, 2007
Secretary of State

Entity Name: THE LINDA ROLAND FOUNDATION FOR AMPUTEES, INC.

Current Principal Place of Business:

1205 SALT LAKE DR
TARPON SPRINGS, FL 34689

New Principal Place of Business:

438 BAYOU VILLAGE DR
TARPON SPRINGS, FL 34689

Current Mailing Address:

P O BOX 898
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 20-3246752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRADEN, KRISTA
1205 SALT LAKE DR
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

BRADEN, KRISTA
488 BAYOU VILLAGE DR
TARPON SPRINGS, FL 34689 US

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: _____

08/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MGD () Delete
Name: BRADEN, KRISTA
Address: 1205 SALT LAKE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: ROLAND, LINDA
Address: 13405 SAN RAFAEL
City-St-Zip: LARGO, FL 33744

Title: D () Delete
Name: CORALES, JOSEPH
Address: 13405 SAN RAFAEL
City-St-Zip: LARGO, FL 33744

Title: D () Delete
Name: WALDEN, TAMMY
Address: 620 LOCUST ST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: SCHREINER, MINDY
Address: 3333 WHISPERING DR NORTH
City-St-Zip: LARGO, FL 33771

Title: D (X) Delete
Name: BAILEY, JOANN
Address: 2830 RAMPART CIR
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROLAND, LINDA
Address: 608 PENT ST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change () Addition
Name: CORALES, JOSEPH
Address: 608 PENT ST
City-St-Zip: TARPON SRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHREINER, MINDY
Address: 3333 WHISPERING DR NORTH
City-St-Zip: LARGO, FL 33771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KRISTA J BRADEN

MD

08/25/2007

Electronic Signature of Signing Officer or Director

Date