2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State
07-17-2007 90108 039 ****61.25

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1. Entity Name
NICHOLAS ANDRONICOS CASSAS CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8044 CORAL SPRINGS, FL 33075	P.O. BOX 8044 CORAL SPRINGS, FL 33075

07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3311393
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASSAS, NICHOLAS A
6464 NW 56TH DRIVE
CORAL SPRINGS, FL 33067

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASSAS, NICHOLAS A
STREET ADDRESS	6464 NW 56TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	LYNCH, KRISTEN M
STREET ADDRESS	8362 DYNASTY DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	LONG, THOMAS
STREET ADDRESS	1511 SW 1TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	CHAPEKIS, GEORGE
STREET ADDRESS	17689 PINE NEEDLE TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	CASSAS, ANDREW N
STREET ADDRESS	~~1400 WERNER-TOTARK RD. STE 300~~ 900 LINTON BLVD STE 202
CITY-ST-ZIP	~~BOCA RATON, FL 33486~~ DELRAY BEACH, FL 33444
TITLE	D
NAME	CASSAS SWANK, STEPHANIE N
STREET ADDRESS	1381 OAKS BLVD.
CITY-ST-ZIP	NAPLES, FL 34119

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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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR