

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90014 026 ****70.00

DOCUMENT # N05000010266

1. Entity Name
ISLAND ONE FOUNDATION, INC.



Principal Place of Business
8680 COMMODITY CIR.
ORLANDO, FL 32819

Mailing Address
8680 COMMODITY CIR.
ORLANDO, FL 32819



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
41-2185460

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D
8680 COMMODITY CIR.
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME LINDEN, DEBROAH L
STREET ADDRESS 8680 COMMODITY CIR.
CITY-ST-ZIP ORLANDO, FL 32819

TITLE STD ☐ Delete
NAME ERFURTH, CARY J
STREET ADDRESS 8680 COMMODITY CIR.
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☐ Delete
NAME GRUBER, KURT P
STREET ADDRESS 8680 COMMODITY CIR.
CITY-ST-ZIP ORLANDO, FL 32819

TITLE P ☐ Delete
NAME GOULD, PAM
STREET ADDRESS 8680 COMMODITY CIR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Linden, Deborah L.
STREET ADDRESS 8680 Commodity Circle
CITY-ST-ZIP Orlando, FL 32819

TITLE CD ☒ Change ☐ Addition
NAME Erfurth, Cary J.
STREET ADDRESS 8680 Commodity Circle
CITY-ST-ZIP Orlando, FL 32819

TITLE SD ☒ Change ☐ Addition
NAME Gruber, Kurt P.
STREET ADDRESS 8680 Commodity Circle
CITY-ST-ZIP Orlando, FL 32819

TITLE PD ☒ Change ☐ Addition
NAME Gould, Pamela
STREET ADDRESS 8680 Commodity Circle
CITY-ST-ZIP Orlando, FL 32819

TITLE TD ☐ Change ☒ Addition
NAME Holbrook, Karen S.
STREET ADDRESS 8680 Commodity Circle
CITY-ST-ZIP Orlando, FL 32819

TITLE D ☐ Change ☒ Addition
NAME Campbell, Ken
STREET ADDRESS 8680 Commodity Circle
CITY-ST-ZIP Orlando, FL 32819

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cary J. Erfurth

1/15/08

Date

(407) 859-8900

Daytime Phone #

CONTINUED FROM PREVIOUS PAGE
**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2185460 <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORSHAK, STEPHEN D 8680 COMMODITY CIR. ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.					
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LINDEN, DEBROAH L 8680 COMMODITY CIR. ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stumbras, Sulyn 8680 Commodity Circle Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERFURTH, CARY J 8680 COMMODITY CIR. ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <i>Cary J. Erfurth</i>			1/15/08 (407) 859-8900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					