


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010627

1. Entity Name
THE ELLEN FAGENSON ELAND LEADERSHIP & JUSTICE FUND, INC.



Principal Place of Business 7731 SW 62ND AVE. SUITE 202 SOUTH MIAMI, FL 33143	Mailing Address 7731 SW 62ND AVE. SUITE 202 SOUTH MIAMI, FL 33143
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0847667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBER, LAURIE K.
7731 SW 62ND AVE.
SUITE 202
SOUTH MIAMI, FL 33143

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	DPT KODNER, DAVE 2265 CEDAR COVE CT RESTON, VA 22091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FAGENSON, LARRY 120 W. 75TH ST APT 4A NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AMBER, LAURIE K 7731 SW 62ND AVE SUITE 202 SOUTH MIAMI, FL 33143
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U00000725020
 05/03/07-80005-017 61.25

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:  **Laurie K. Amber Sec.** **01/10/07** **305/ 661-5629**

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