


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90126 010 ***150.00

DOCUMENT # N05000011851 1. Entity Name AMERICAN FOUNDATION FOR NATIONAL SECURITY AND DOMESTIC PREPAREDNESS, INC.							
Principal Place of Business 4479 N US 1 SUITE A MELBOURNE, FL 32935			Mailing Address 4479 N US 1 SUITE A MELBOURNE, FL 32935				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
6. Name and Address of Current Registered Agent CRAWFORD, JOHN R 1200 RIVERPLACE BLVD SUITE 800 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VADEN, MICHAEL			NAME			
STREET ADDRESS	4479 N US 1 SUITE A			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKELLY, J BRIAN			NAME			
STREET ADDRESS	4479 N US 1 SUITE A			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDE, PAMELA L			NAME			
STREET ADDRESS	4479 N US 1 SUITE A			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYALA, JUAN P			NAME			
STREET ADDRESS	4479 N US 1 SUITE A			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 an other like empowered.							
SIGNATURE: <i>Pamela L. Lande</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/21/2006 <small>Date</small>		(321) 242-6360 <small>Daytime Phone #</small>	