

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90307 001 ***300.00

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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**

66009403



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4328343

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R
1200 RIVERPLACE BLVD SUITE 800
JACKSONVILLE, FL 32207**

**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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VADEN, MICHAEL
STREET ADDRESS	4479 N US 1 SUITE A
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	D
NAME	SKELLY, J BRIAN
STREET ADDRESS	4479 N US 1 SUITE A
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	D
NAME	LANDE, PAMELA L
STREET ADDRESS	4479 N US 1 SUITE A
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	D
NAME	AYALA, JUAN P
STREET ADDRESS	4479 N US 1 SUITE A
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07
Date

Daytime Phone # _____