


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90001 043 ****61.25

DOCUMENT # N05000011895 1. Entity Name THE FRED O. FUNKHOUSER CHARITABLE FOUNDATION, INC.					
Principal Place of Business 6807 LAKE ISLAND DRIVE LAKE WORTH, FL 33467				Mailing Address 6807 LAKE ISLAND DRIVE LAKE WORTH, FL 33467	
2. Principal Place of Business - No P.O. Box # 7508 Hawks Landing Dr. Suite, Apt. #, etc.		3. Mailing Address 10130 Northlake Blvd Suite, Apt. #, etc. Box Ste 214 - 120			
City & State West Palm Beach FL		City & State West Palm Beach FL		4. FEI Number 65-6243936	
Zip 33412		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCAGLIONE, JANICE F 6807 LAKE ISLAND DRIVE LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7508 Hawks Landing Dr. City West Palm Beach FL Zip Code 33412	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCAGLIONE, JANICA F 6807 LAKE ISLAND DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RHODES, CHRISTOPHER S 6568 MARISSA CIR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RHODES, KENNETH A 6910 BIG PINE KEY ST LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUFFMAN, KIMERA 2488 APPLE B LANE HARRISONBURG, VA 22802	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUNKHOUSER, KELLI V 3211 5TH AVE 306 SAN DIEGO, CA 92103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Janice F. Scaglione (Spelling) 7508 Hawks Landing Dr. West Palm Beach FL 33412				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Janice F Scaglione</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/21/07 <small>Date</small>		561-624-2513 <small>Daytime Phone #</small>	