


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90025 036 \*\*\*\*61.25

<b>DOCUMENT # N06000001375</b> 1. Entity Name <b>POWELL-CACUA FOUNDATION, INC.</b>					
Principal Place of Business <b>7218 SEAMAN'S BLUFF ORLANDO, FL 32835</b>			Mailing Address <b>7218 SEAMAN'S BLUFF ORLANDO, FL 32835</b>		
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		Country		4. FEI Number <b>65-6267703</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CACUA, BENEDICTO 7218 SEAMAN'S BLUFF ORLANDO, FL 32835</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <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"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICK 925 S SEMORAN BLVD - STE 114 WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICK 2914 RIVER BIRCH DR. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, BETTY CAROL 4006 CONWAY PLACE CIR ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D POWELL, BETTY CAROL 4006 CONWAY PLACE CIR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACUA, BENEDICTO 7218 SEAMAN'S BLUFF ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D CACUA, BENEDICTO 7218 SEAMAN'S BLUFF ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICK 925 SOUTH SEMORAN BOULEVARD - SUITE 114 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAVEDRA, CARLOS 25737 ALICIA DR LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAVEDRA, CARLOS C/O 7218 SEAMAN'S BLUFF ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACUA, LINDA 7218 SEAMAN'S BLUFF ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D CACUA, LINDA D. 7218 SEAMAN'S BLUFF ORLANDO, FL 32835
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.					
<b>SIGNATURE:</b> <i>Linda D. Cagua</i> <b>Linda D. Cagua - Secretary</b> <b>4-30-07</b> <b>407-293-7327</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40095289

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

**DOCUMENT #N06000001375**  
**POWELL-CACUA FOUNDATION, INC.**

### **#10. Additional Directors:**

**Title: D**  
**Luis E. Baltodano, M.D.**  
**7969 Horse Ferry Road**  
**Orlando, FL 32836**

**Title: D**  
**Richard D. Jarvis**  
**2053 Woody Drive**  
**Windermere, FL 34786**

**Title: D**  
**Pamela Aman Rush**  
**2632 Crescent Lake Court**  
**Windermere, FL 34786**

**Title: D**  
**Daryl D. Jones**  
**5554 Shore Court**  
**Orlando, FL 32819**