


**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

40009573

<b>DOCUMENT # N06000001375</b>						01-24-2008 90040 004 ****61.25	
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	
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 <b>FL</b> Zip Code			
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)</small> DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				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>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RICK 2914 RIVER GIRCH DR. KISSIMMEE, FL 34741 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Johnson, Rick 2914 River Girch Dr. Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POWELL, BETTY CAROL 4006 CONWAY PLACE CIR ORLANDO, FL 32812 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CACUA, BENEDICTO 7218 SEAMAN'S BLUFF ORLANDO, FL 32835 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALTOIANO, LUIS E 7969 HORSE FERRY ROAD ORLANDO, FL 32836 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAAVEDRA, CARLOS C/O 7218 SEAMAN'S BLUFF ORLANDO, FL 32835 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAAVEDRA, CARLOS 9124 N. Kennedy Terrace Crystal River, FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CACUA, LINDA 7218 SEAMAN'S BLUFF ORLANDO, FL 32835 <input type="checkbox"/> Delete			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>1/21/08</b> Daytime Phone #: <b>407-295-7327</b>			

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**ATTACHMENT**

40009573

**#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**