## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90072 001 \*\*\*\*61.25

1. Entity Nam	MENT # N06000001404 FOUNDATION, INC.		)	13-05-2007	' 90072 001 ****6	51.25			
Principal Plac 90 SPIRES L SUITE 7-A SANTA ROSA	ANE 90 Sl	ing Address SPIRES LANE ITE 7-A NTA ROSA BEACH, FL 3	32459						
2. Principal Place of Business - No P.O. Box # 3. Mai		ailing Address				<b>                                    </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202007 Ch	g-NP	CR2E037 (12/06)			
City & State		City & State		4. FEI Number 32-03	8282	Ap No	oplied For ot Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta		□ \$8.75 Add Fee Require	ditional d		
	6. Name and Address of Current Regist	red Agent		7. Name and Addr	ress of New R	legistered Agent			
MAN	SHANNON L		Name						
56 SPIRES			Street Address	(P.O. Box Number is N	Not Acceptable	9)	ı		
	OSA BEACH, FL 32459								
			City	FL   Zip Code					
	named entity submits this statement for the prions of registered agent.	rpose of changing its reg	gistered offic <b>e o</b> r registi	ered agent, or both, in t	the State of Flo	orida. I am familiar with,	and accept		
SIGNATURE .	<del> </del>								
	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Re	gistered Agent signature requir	ed when reinstating)		DATE			
	Signature, typed or printed name of registered agent and title if Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont	aign Financing	\$5.00 May Be Added to Fees		DATE  Take check payable to rida Department of S			
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECTO	9. Election Campa Trust Fund Cont	aign Financing	\$5.00 May Be Added to Fees	Flor	lake check payable t	tate		
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include of this report or supplies with rins filing goes not quality 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: WHITE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ATTACHMENT

P, 02

ATTACHMENT

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DOCU	MENT # N060000014				759 13 711	9:57			
THE 30A	FOUNDATION, INC:				TO BE OF	gras .			
Principal Plac	co of Business .	. Mailing Address		]-		•			
SUITE 7-A SUI		90 SPIRES LANE SUITE 7-A SANTA ROSA BEACH	FL 32459 (60 021087						
2. Principal F	Place of Business - No P.O. Bex #	3. Mailing Address	\$ 1	<u> </u>	-	·			
Suito, Apt. #, etc.		Suito, Apt. #, etc.		1st MOORE CR2E037 (10/06)					
City & State		City & State	32-0058282			<del></del>	oplicd For a Applicable		
Žίρ	Country	Zip	Country	. 5. Certificate of State	us Desired 🔲	\$8.75 Add Fee Require			
	6. Name and Address of Current I	Registered Agent	2 2338 Alpen	7. Name and Addre	ss of New Registere	d Agent			
			Namo Namo		1				
56	DMAN, SHANNON L SPIRES LANE		Street Address (P.O. Box Number is Not Acceptable)						
16A SAI	NTA ROSA BEACH FL 32459		3 6						
			City		_ F	L Zip Cod			
	named entity submits this statement for tions of rogistorod agont.	The purpose of changing its	s registered office crregisto	red-agent, or both, in th	o State of Florida. Ta	im lamiliar with,	and accept		
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