2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90170 005 ****61.25

DOCUMENT # N06000002006

1. Entity Name

MELBOURNE POLICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
650 N APOLLO BLVD MELBOURNE FL 32935	650 N APOLLO BLVD MELBOURNE FL 32935

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 1444
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MELBOURNE, FL
Zip / Country	Zip: 32902-1444 / Country: US

4. FEI Number: 41-2197169 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENDIG, JAMES C JR 650 N APOLLO BLVD MELBOURNE FL 32935	Name: Jimmy L. Ridenour Street Address (P.O. Box Number is Not Acceptable): 650 N. Apollo Blvd City: Melbourne **FL** Zip Code: 32935

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: Jim L. Ridenour
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	~~PCD~~ KENDIG, JAMES C JR % HEATLH FIRST - 1350 S HICKORY ST MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCO Jimmy L. Ridenour % Marriott Courtyard 2101 W. New Haven Melbourne, Fl 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ SHAREK, ROBERT J % ROCKWELL COLLINS - P O BOX 1060 MELBOURNE FL 32902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Deborah L. Young % MIMA 200 E. Sheridan Rd Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YOUNG, DEBORAH L % MIMA - 200 E SHERIDAN RD MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jeffrey S. Dick % THE BANK - 300 S. Harbor City Blvd Melbourne, Fl 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ BRENNAN, WILLIAM T % THE BANK - 300 S HARBOR CITY BLVD MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNIDGE, LEROY %NORTHRUP GRUMMAN CORP-2000 W NASA BLVD MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEARS, PETER %WUESTHOFF HEALTH SYSTEM-110 LONGWOOD AVE ROCKLEDGE FL 32956	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey S. Dick Treasurer/Director 4/9/07 321-953-2265