

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 004 ****70.00

DOCUMENT # N06000004650 1. Entity Name CASSIDY CHARITABLE FOUNDATION, INC.					
Principal Place of Business 3020 SOUTH FLORIDA AVENUE STE 101 LAKELAND, FL 33803			Mailing Address 3020 SOUTH FLORIDA AVENUE STE 101 LAKELAND, FL 33803		
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	4. FEI Number 20-4876915	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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-STATE-ZIP	PD CASSIDY, ALBERT B 3020 SOUTH FLORIDA AVE, STE 101 LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Ave. K, SW, Suite 100 Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD CASSIDY, STEVEN L 3020 SOUTH FLORIDA AVE, STE 101 LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Ave. K, SW, Suite 100 Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ADAMS, ROBERT J 3020 SOUTH FLORIDA AVE, STE 101 LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ADAMS, D. JOEL 3020 SOUTH FLORIDA AVE, STE 101 LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD CHINYOY, KEVIN A 3020 SOUTH FLORIDA AVE, STE 101 LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Ave. K, SW, Suite 100 Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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>Kevin Chinoy</u>			3/6/2007 917 2541214		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

406110



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DOCUMENT # N06000004650

1. Entity Name
CASSIDY CHARITABLE FOUNDATION, INC.



ATTACHMENT

40077823

Principal Place of Business
3020 SOUTH FLORIDA AVENUE
STE 101
LAKELAND, FL 33803

Mailing Address
3020 SOUTH FLORIDA AVENUE
STE 101
LAKELAND, FL 33803

2. Principal Place of Business - No P.O. Box #
250 Avenue K, SW

3. Mailing Address
same

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State

Zip
33980

Country
USA

Zip

Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4877020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

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Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #