2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am

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DOCUMENT # N0600004650 1. Entity Name CASSIDY CHARITABLE FOUNDATION, INC.					· ,		04-23-200			
3020 SOUTH FLORIDA AVENUE 302 STE 101 STE		Mailing Acdress 3020 SOUTH FLORIDA A STE 101 LAKELAND, FL 33803	8020 SOUTH FLORIDA AVENUE STE 101							
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc.			02272007	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Number Applied For 20-4876915 Not Applicate					
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add se Required		
	6. Name and Address of Current Re	gistered Agent			7. Name and A	ddress of New	Registered A	gent		
BOYLES, WILLIAM A 301 E. PINE STREET				Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 140	ю						,			
ORLANDO, FL 32801				City FL Zip Code						
SIGNATURE	Signature, typed or primed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam rust Fund Ce			\$5.00 May Be Added to Fees	· Pi	DATE Make check orlda Departi			
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHAP	IGES TO OFFIC	CERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSIDY, ALBERT B SO20 SOUTH FLORIDA AVE. STE-LAKELAND-PL 33803	□ Delete	TITLE NAME STREET ADDRESS CITY+ST+ZIP		Aue. K			Change	Addition	
TILE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSIDY, STEVEN L 3020 SOUTH FLORIDA AVE. STE- LAKELAND, PL 33805.	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Ave. K, Her Have	•		Change	Addition	
ttle Name Street address City-St-Zip	D ADAMS, ROBERT J 3020 SOUTH FLORIDA AVE. STE LAKELAND, FL 33803	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
T TLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, D. JOEL 3020 SOUTH FLORIDA AVE. STE LAKELAND, FL 33803	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5				Change	☐ Addition	
t fle name sireet adoress city-s1-&p	STD CHINOY, KEVIN A 3 020 SOUTH PLORIDA AVE. STE LAKELAND, PL 33803 -	☐ Celete	TITLE NAME STREET AGORESS CITY-ST-ZIP	250 Win	Ave. K. tev Hav	SW, S en, FL		Change	Addition	
t tle Name Street address City-St-Zip		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	

12. Thereby certify that the information supplied with this filling 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:

CHINOY 9172541219 KEVIN 3/6/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR Cayerna Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0600004650 1. Entity Name CASSIDY CHARITABLE FOUNDATION, INC.					A	ATTACHMENT				
Principal Place of Business 3020 SOUTH FLORIDA AVENUE STE 101 LAKELAND, FL 33803 Address 3020 SOUTH FLORIDA AVENUE STE 101 LAKELAND, FL 33803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address				<u> </u>	4	40077823				
Suite, Apt.		Suite, Apt. #, etc.			02062007	Chg-NP	CR2E037 (12/06)			
Suit City & State	11 =/	City & State			4. FEI Number					
33380	Country	Zip	Col	untry	5. Certificate o	Status Desired	\$8.75 Add Fee Require			
	6. Name and Address of Current R	egistered Agent		Name	7. Name and A	ddress of New F	Registered Agent			
BOYLES, WILLIAM A 301 E. PINE STREET					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 140 ORLANDO), FL 32801									
				City			FL Zip Cod	le		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or reg	istered agent, or both	, in the State of Fl	orida. I am familiar with,	and accept		
SIGNATURE										
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	- Registere	od Agent signature red	quired when reinstating)	<u></u>	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund 0			\$5.00 May Be Added to Fees		fake check payable t rida Department of S			
10.	OFFICERS AND DIR		11.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIRECTORS IN			
TITLE NAME	PD CASSIDY, ALBERT B	☐ Delete	. TITL	16			Change	Addition		
STREET ADORESS CITY-ST-ZIP	3020 SOUTH FLORIDA AVE. STE LAKELAND, FL 33803	E 101		EET ADDRESS	250 Aven Winter	ue K, Si Hauen,	W Snite FL 33880	03		
TITLE NAME	VD CASSIDY, STEVEN L	☐ Delete	TITL NAM	.E		,	Change			
STREET ADDRESS CITY-ST-ZIP	3020 SOUTH FLORIDA AVE. STE LAKELAND, FL 33803	101		EET ADDRESS C	linter 1	Haven	W- Suite	30		
TITLE	D	☐ Delete	TITL	-	<u> </u>	· ····································	☐ Change	Addition		
NAME STREET ADORESS	ADAMS, ROBERT J 3020 SOUTH FLORIDA AVE. STE	≣ 101	NAN STR	AE Eet adoress						
CITY-ST-ZIP	LAKELAND, FL 33803		CITY	Y-ST-ZIP						
!ITLE NAME	D ADAMS, D. JOEL	Delete	TITL				☐ Change	☐ Addition		
STREET ADDRESS	3020 SOUTH FLORIDA AVE. STE	101	STR	EET ADDRESS				į		
CITY-ST-ZIP	STD STD	Delete	TITL	Y-ST-ZIP			M. Change	☐ Addition		
NAME	CHINOY, KEVIN A		NAN	AE	1577 Angal	. o K <	14)- S. to	102		
STREET ADDRESS CITY-ST-ZIP	3020 SOUTH FLORIDA AVE. STE LAKELAND, FL 33803	≣ 101		EET ADDRESS C	ا ہے صلحہ ال	Haven	W-Suite FL 3388	. 103 D		
TITLE		☐ Delete	1111	.E.	<u> </u>	WW.	☐ Change	Addition		
NAME STREET ADORESS			NAM STR	ME EET ADDRESS						
CITY-ST-ZIP			CITY	Y-ST-ZIP	·			_ _		
indicated	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee and , or on an attachment with an addis, w	true and accurate and that r	nv signa	ature shall have	the same legal effect	as if made under	oath; that I am an office	r or director		
SIGNATURE:										
	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Oaytime Ptione #			