

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

FILED
Apr 03, 2008 08:00 AM
Secretary of State

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**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4876915

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000880358
04/15/08-80057-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSIDY, ALBERT B 250 AVE K, SW SUITE 100 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSIDY, STEVEN L 250 AVE K SW SUITE 100 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ROBERT J 3020 SOUTH FLORIDA AVE. STE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, D. JOEL 3020 SOUTH FLORIDA AVE. STE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHINOY, KEVIN A 250 AVE K SW SUITE 100 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

863-619-7103

Date

Daytime Phone #