

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004650

FILED  
Feb 07, 2011  
Secretary of State

**Entity Name:** CASSIDY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

250 AVENUE K, SW  
STE 100  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

250 AVENUE K, SW  
STE 100  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 20-4876915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASSIDY, ALBERT B  
Address: 250 AVE K, SW SUITE 100  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD  
Name: CASSIDY, STEVEN L  
Address: 250 AVE K SW SUITE 100  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: ADAMS, ROBERT J  
Address: 3020 SOUTH FLORIDA AVE. STE 101  
City-St-Zip: LAKELAND, FL 33803

Title: D  
Name: ADAMS, D. JOEL  
Address: 3020 SOUTH FLORIDA AVE. STE 101  
City-St-Zip: LAKELAND, FL 33803

Title: STD  
Name: CHINOY, KEVIN A  
Address: 250 AVE K SW SUITE 100  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT B. CASSIDY

PD

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date