

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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


04-23-2007 90270 003 ****70.00

DOCUMENT # N06000004651 1. Entity Name ADAMS 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 20-4877020	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</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-ST-ZIP	PD ADAMS, ROBERT J 3020 SOUTH FLORIDA AVENUE #101 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, D. JOEL 3020 SOUTH FLORIDA AVENUE #101 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHIROY, KEVIN A 3020 SOUTH FLORIDA AVENUE #101 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHINOY, KEVIN A. 250 Ave. K, SW, Suite 100 Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, ALBERT B 3020 SOUTH FLORIDA AVENUE #101 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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-ST-ZIP	D CASSIDY, STEVEN L 3020 SOUTH FLORIDA AVENUE #101 LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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-ST-ZIP	<input type="checkbox"/> Delete				
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:			KEVIN CHINOY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/6/2007		
			Daytime Phone #: 9172541214		

40077824



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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4876915	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801				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 _____ (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. <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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ROBERT J		NAME		
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, D. JOEL		NAME		
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIROY, KEVIN A		NAME	Kevin A. Chino	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101		STREET ADDRESS	250 Avenue K, SW Suite 103	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSIDY, ALBERT B		NAME	250 Avenue K, SW Suite 103	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101		STREET ADDRESS	Winter Haven, FL 33880	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSIDY, STEVEN L		NAME	250 Avenue K, SW Suite 103	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101		STREET ADDRESS	Winter Haven, FL 33880	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

ATTACHMENT

40077824

02062007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, ROBERT J	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101	
CITY-ST-ZIP	LAKELAND, FL 33803	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, D. JOEL	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101	
CITY-ST-ZIP	LAKELAND, FL 33803	

TITLE	STD	<input type="checkbox"/> Delete
NAME	CHIROY, KEVIN A	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101	
CITY-ST-ZIP	LAKELAND, FL 33803	

TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIDY, ALBERT B	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101	
CITY-ST-ZIP	LAKELAND, FL 33803	

TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIDY, STEVEN L	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101	
CITY-ST-ZIP	LAKELAND, FL 33803	

TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIDY, STEVEN L	
STREET ADDRESS	3020 SOUTH FLORIDA AVENUE #101	
CITY-ST-ZIP	LAKELAND, FL 33803	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____