## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06000008459

1. Entity Name
FELDER-HILTON FAMILY REUNION INC



## **FILED** Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90101 020 \*\*\*\*61.25

Pincipal Place of Business										
Suite, Apt. 4, refc.    Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Applied For 20 - 5   21   700   Respirable for 20   Respirable for 20 - 5   21   700   Respirable for 20   Respirabl	1110 NW 99TH AVE 111		1110 !	1110 NW 99TH AVE						
Suite, Apt. 4, refc.    Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Suite, Apt. 4, refc.   Applied For 20 - 5   21   700   Respirable for 20   Respirable for 20 - 5   21   700   Respirable for 20   Respirabl										
City & State  City & State of Status Degined   Sa, 75 Additional per Required Agent   Per Required  Fee Required  Fee Required  For State of Ford Agent Agent   Per Required  Registered Agent   Name   Stread Address of New Registered Agent   Per Required  For State Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code  City   FL	2. Principal Place of Business - No P.O. Box #		3. Mailin	g Address						
Zo Country Zip Country S. Certificate of Status Desired S. S. 5. Additional Fee Required  6. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. Lan familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature (noted or preference of registered agent and take if accidate.  (NOTE Registered Agent agent agent and take if accidate.  (NOTE Registered Agent agent and take if accidate.  (NOTE Registered Agent agent agent and take if accidate.  (NOTE Registered Agent agent agent agent and take if accidate.  (NOTE Registered Agent agent agent agent agent and take if accidate.  (NOTE Registered Agent ag	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092007 Ch	ig-NP CR2	2E037 (12/06)		
Country   Coun	City & State		City & State				1200	<del> </del> -		
AUSTIN, PERNEASE H 110 NW 97H AVE PEMBROKE PINES, FL 33024	Zip	Country	Zip		Country					
AUSTIN, PERNEASE H 1110 NM 99TH AVE PEMBROKE PINES, FL 33024  Streat Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Peptable 10	6. Name and Address of Current Registe			Agent		7. Name and Addr	ess of New Register	<del> </del>		
Streat Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Co	ALIOTINI DEDNEADE II			Name	Name					
B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE    Filling Foe is \$61.25	1110 NW 99TH AVE				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered affice 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 prefed reme of registered agent and tothe it explication.   (NOTE Registered Agent agenture required when remaining)   DATE	,									
SIGNATURE    Signature typed or protect removed agent and title if expolication.   (NOTE Projectioned Agent agenture required when reinstalling)   DATE	:				City			FL Zip Code	e	
Signature. Typed for profited name of registered Agent and talled if according to the by May 1, 2007   S. Election Campaign Financing										
Signature. Typed for profited name of registered Agent and talled if according to the by May 1, 2007   S. Election Campaign Financing	SIGNATURE									
10.										
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WITTON AT LEMBKOVE LINES' LF 22072										
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			h this filing d	ope not qualify for th	<u> </u>	and in Chanter 110. Flori	ida Statutan I further	costifu that the in	dormation	

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: X