

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 035 ***150.00

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1. Entity Name

EDWARD M. POE CHARITABLE FOUNDATION, INC.



Principal Place of Business

**2825 LACITA LANE
TITUSVILLE FL 32780**

Mailing Address

**2825 LACITA LANE
TITUSVILLE FL 32780**

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POE, EDWARD M
2825 LACITA LANE
TITUSVILLE FL 32780**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President <input type="checkbox"/> Delete
STREET ADDRESS	EDWARD M. POE
CITY - ST - ZIP	2825 LaCita Lane TITUSVILLE, FL 32780
TITLE NAME	Vice President <input type="checkbox"/> Delete
STREET ADDRESS	HARRY A. JONES
CITY - ST - ZIP	1901 S. Harbor City Blvd, #500 MELBOURNE, FL 32901
TITLE NAME	Treasurer <input type="checkbox"/> Delete
STREET ADDRESS	RONALD E. KOETTER
CITY - ST - ZIP	4309 Lantern Drive TITUSVILLE, FL 32798
TITLE NAME	Secretary <input type="checkbox"/> Delete
STREET ADDRESS	KERRY B. KENNEDY
CITY - ST - ZIP	1135 S. Washington Ave #B TITUSVILLE, FL 32780
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *X Edward M. Poe* *Edward M. Poe 2/26/07 321-269-5862*