

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010081

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 (10/07)

4. FEI Number

AP-PLIED FOR

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 in title. (Applicable)

(NOTE: Registered Agent signature is not required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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: P ☐ Delete
NAME: POE, EDWARD M
STREET ADDRESS: 2825 LACITA LN
CITY-STATE-ZIP: TITUSVILLE FL 32780

TITLE: VP ☐ Delete
NAME: JONES, HARRY A
STREET ADDRESS: 1901 S. HARBOR CITY BLVD., #500
CITY-STATE-ZIP: MELBOURNE FL 32901

TITLE: T ☐ Delete
NAME: KOETTER, RONALD E
STREET ADDRESS: 4309 LANTERN DR.
CITY-STATE-ZIP: TITUSVILLE FL 32798

TITLE: S ☐ Delete
NAME: KENNEDY, KERRY B
STREET ADDRESS: 1135 S. WASHINGTON AVE., #B
CITY-STATE-ZIP: TITUSVILLE FL 32780

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: **000000805370**
STREET ADDRESS: **02/06/08-80024-003 61.25**
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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 included 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: *E. Poe*

1-29-08

321-269-5862