


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

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90076 047 ****61.25

DOCUMENT # N06000011058 1. Entity Name ALFRED V. ERNEST FOUNDATION, INC.			
Principal Place of Business % WILLIAM A. LARSON 3946 SAINT JOHNS AVE. #142 JACKSONVILLE FL 32205		Mailing Address % WILLIAM A. LARSON 3946 SAINT JOHNS AVE. #142 JACKSONVILLE FL 32205	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent LARSON, WILLIAM A 3946 SAINT JOHNS AVE #142 JACKSONVILLE FL 32205		4. FEI Number 56-2620910 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____			
FILE NOW: 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 CHRM SUTAK, LACY J 20 STONE HEDGE COURT HARWINTON CT 06791		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PDRM LARSON, NORMAN E 4 LODGE DRIVE MOULTONBOROUGH NH 03254		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP STDM LARSON, WILLIAM A 3946 SAINT JOHNS AV. #142 JACKSONVILLE FL 32205		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <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 <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 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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. (WILLIAM A. LARSON) SIGNATURE: _____ 4/20/07 (904) 387-8665 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			