2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011700

FILED Aug 14, 2007 Secretary of State

Entity Name: GRAHAM ROBERT FRECHETTE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 12816 WATER POINT BLVD. WINDERMERE, FL 34786 **Current Mailing Address: New Mailing Address:** 12816 WATER POINT BLVD. WINDERMERE, FL 34786 FEI Number: 20-5841994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRECHETTE, LULDES 12816 WATER POINT BLVD. WINDERMERE, FL 34786 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CHRM () Delete () Change () Addition FRECHETTE, LULDES Name: Name: Address: 12816 WATER POINT BLVD. Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: VCHR () Delete Title: () Change () Addition Name: FRECHETTE, ROGER Name: Address: 12816 WATER POINT BLVD. Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: () Delete Title: () Change () Addition HENRY, EDDIE Name: Name: 320 BALMORAL COURT Address: Address: City-St-Zip: DAVENPORT, FL 33896 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TERRY, JUDY Name: 1318 WELCH RIDGE TERRACE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LULDES FRECHETTE CHRM 08/14/2007