

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

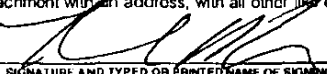
FILED
Jun 04, 2007 8:00 am
Secretary of State

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1st MOORE CR2E037 (10/06)

DOCUMENT # N06000012798					
1. Entity Name KENNETH P RUSHING FOUNDATION INC					
Principal Place of Business 14910 WINDING CREEK CT., SUITE A TAMPA FL 33613			Mailing Address 14910 WINDING CREEK CT., SUITE A TAMPA FL 33613		
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	4. FEI Number 20-5322834	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALEN RANKE - contact person 14910 WINDING CREEK CT., SUITE A TAMPA FL 33613			7. Name and Address of New Registered Agent Name: Dolmar Cross Street Address (P.O. Box Number is Not Acceptable): 10410 Meadow Springs Dr Tampa City: FL Zip Code: 33647		
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: 				DATE: 4/23/07	
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					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		
PD	RUSHING, KENNETH P	14910 WINDING CREEK CT., SUITE A	TAMPA FL 33613	☐ Delete	
VD	RAMOS, DAVID	14910 WINDING CREEK CT., SUITE A	TAMPA FL 33613	☒ Delete	
TD	VANDERHENST, JANICE	14910 WINDING CREEK CT., SUITE A	TAMPA FL 33613	☐ Delete	
VP	Cross, Dolmar			☐ Delete	
Secretary	KALEN RANKE			☐ Delete	
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____					
Telephone: _____					