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

**SIGNATURE:** 

## FILED Feb 02, 2007 08:00 Al DOCUMENT # N06938 1. Entity Name Secretary of State DELANGE FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 14200 SW 216 STREET 14200 SW 216 STREET MIAMI FL 33170 **MIAMI FL 33170** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & Stato 4. FEI Number Applied For 59-2483255 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DELANGE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 21101 SW 134TH AVENUE **MIAMI FL 33177** City Zip Codo 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. THIE □ Change Addition DITTE . Delete <u> U</u>QQQQQ0619081 NAMi DELANGE, DANIEL NAME 02/08/07-80056-016 61.25 STREET ADDRESS 13721 SW 97 AVENUE STREET ADORESS CITY-ST-7IP CITY ST ZIP MIAMI FL 33176-6867 ШЕ ☐ Delete ☐ Change ■ Addition DELANGE, PHILLIP NAME STREET ADDRESS STREET ADORESS 5500 BENT PINE DRIVE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32967 HHE Delete HILE Change Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HHE ☐ Delete TITLE Change Addition NAME NAMC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete HILE Change Addition 11111 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP DHIE ☐ Defete HILE Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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.