

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

DOCUMENT # N07000007952

1. Entity Name

THE R.MICHAEL FRALEY FOUNDATION FOR MEDICAL  
RESEARCHICAL INC.



FILED

2008 SEP 12 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1680 LAMBERT AVENUE  
FLAGLER BEACH FL 32136

Mailing Address

1680 LAMBERT AVENUE  
FLAGLER BEACH FL 32136

2. Principal Place of Business - No P.O. Box #

*same*

3. Mailing Address

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0779451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

2nd MOORE

CR2E037 (4/08)

6. Name and Address of Current Registered Agent

HERRERA, EDDIE  
1 FLORIDA PARK DRIVE, SUITE 105A  
PALM COAST FL 32137

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

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  
Due By September 3, 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 PD ☐ Delete  
NAME HERRERA, MICHELLE  
STREET ADDRESS 1680 LAMBERT AVENUE  
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE SD ☐ Delete  
NAME O'FALLON, DANIELLE M  
STREET ADDRESS 1680 LAMBERT AVENUE  
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE TD ☐ Delete  
NAME FRALEY, SANDRA L  
STREET ADDRESS 1680 LAMBERT AVENUE  
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300135962983  
09/16/08--01018--019 \*\*61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*