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

May 16, 2008 8:00 am DOCUMENT # N07000009486 Secretary of State 1. Entity Name 05-16-2008 90027 021 ****61.25 FOUNDATION FOR FISCAL REFORM, INC. Principal Place of Business Mailing Address 3912 MIMOSA PLACE PALM HARBOR FL 34685 3912 MIMOSA PLACE PALM HARBOR FL 34685 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 26-1171859 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F. NELSON KENT, DONALD L Street Address (P.O. Box Number is Not Acceptable) 3438 EAST LAKE ROAD PALM HARBOR FL 34685 912 MIMOSA PLACE 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DARD MEMBER TITLE ★ Addition TITLE ☐ Delete Change KENT, DONALD L ROBERT DUELLETTE NAME NAME 3434 EAST LAKE ROAD STREET ADDRESS 265 ENFIGED CT. STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP M HARBUR FL. 34685 TD BOAKO MEMBER TITLE ☐ Delote TITLE ☐ Change Addition NELSON, RONALD F MAME NAME 3912 MIMOSA PLACE KERNWOOD CT. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 ALM HARBOR FC. 34685 CITY-ST-ZIP CITY-ST-ZiP SD BIARD MEMBER KENNETH LEVINE Change TITLE Delete TITLE Notitibba X NALYWAJKO, JEROME J NAME NAME 4944 SILVERTHORNE COURT 930 AUGUSTA AUG. STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP OLOS MAR FL. 34677 CitibbA 🔲 ☐ Change TITLE Delete TITLE WILSON, STEPHEN S NAME NAME 1017 WINDHAM WAY STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE Change Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: Fould J. Melson RINGHO F. NOLSON 4/25/08 727-937-7014