

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010700

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** BOB POE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

150 E ROBINSON ST #3502  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

150 E ROBINSON ST #3502  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 45-3825234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROWN, KENNETH  
150 E ROBINSON ST #3502  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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:**

**Title:** D  
**Name:** POE, ROBERT J  
**Address:** 150 E ROBINSON ST #3502  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** D  
**Name:** BROWN, KENNETH  
**Address:** 150 E ROBINSON ST #3502  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** D  
**Name:** POE, VIRGINIA  
**Address:** 1830 RADIUS DR #1830  
**City-St-Zip:** HOLLYWOOD, FL 33020

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT POE

D

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date