

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12812

FILED  
Jan 28, 2007  
Secretary of State

**Entity Name:** AL AND NANCY BURNETT CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1025 ANCHORAGE COURT  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 S ORANGE AVE  
SUITE 2300  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 59-2620060      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BURNETT, J.A.  
1025 ANCHORAGE COURT  
WINTER PARK, FL 32789 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: PST ( ) Delete  
Name: BURNETT, J.A.,  
Address: 1025 ANCHORAGE COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: BURNETT, J A  
Address: 1025 ANCHORAGE COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: BURNETT, NANCY  
Address: 1025 ANCHORAGE COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: STEELE BURNETT, MINDY  
Address: 1025 ANCHORAGE COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: MOORE, BECKY  
Address: 1025 ANCHORAGE CT  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: GRAVINA, AMY  
Address: 1025 ANCHORAGE CT  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN M HOFMANN

CPA

01/28/2007

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

\_\_\_\_\_  
Date