DOCUMENT # N14687

1. Entity Name
THE ESPERANZA RESEARCH FOUNDATION, INC.

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 044 ****75.00

Principal Place of Business	Mailing Address
615 EAST DANIA BEACH BLVD DANIA BEACH, FL 33004 US	615 EAST DANIA BEACH BLVD DANIA BEACH, FL 33004 US

03212007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
517 SW FIRST AVENUE		504 S.E. 2nd AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT LAUDERDALE		City & State: DANIA BEACH	
Zip: 33301	Country: USA	Zip: 33004	Country: USA

4. FEI Number 59-2635762 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNDSCHENK, SUZANNE A 504 SE 2ND AVE DANIA BEACH, FL 33004	Name EUGENE M. KENNEDY Street Address (P.O. Box Number is Not Acceptable) 517 S.W. FIRST AVENUE City FORT LAUDERDALE FL Zip Code 33301

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 EUGENE M. KENNEDY 3/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES MUNDSCHENK, SUZANNE A 504 SE 2ND AVE DANIA BEACH, FL 33004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GERARD GALLAGHER D= DIRECTOR	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUNDSCHENK, DAVID D 504 S 2ND AVE DANIA BEACH, FL 33004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA GALLAGHER D = DIRECTOR	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Suzanne Mundschenk 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #