

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 03, 2007
Secretary of State

DOCUMENT# N14687

Entity Name: THE ESPERANZA RESEARCH FOUNDATION, INC.**Current Principal Place of Business:**517 SW 1ST AVE.
FORT LAUDERDALE, FL 33301 US**New Principal Place of Business:****Current Mailing Address:**504 SE 2ND AVE.
DANIA BEACH, FL 33004 US**New Mailing Address:****FEI Number:** 59-2635762**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KENNEDY, EUGENE
517 SW 1ST AVE.
FORT LAUDERDALE, FL 33301 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:** PRES () Delete
Name: MUNDSCHENK, SUZANNE A
Address: 504 SE 2ND AVE
City-St-Zip: DANIA BEACH, FL 33004**Title:** VP () Delete
Name: MUNDSCHENK, DAVID D
Address: 504 S 2ND AVE
City-St-Zip: DANIA BEACH, FL 33004**Title:** D () Delete
Name: GALLAGHER, GERARD
Address: 504 SE 2ND AVE.
City-St-Zip: DANIA, FL 33004**Title:** D () Delete
Name: GALLAGHER, MARIA
Address: 504 2ND AVE.
City-St-Zip: DANIA, FL 33004**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: KELLERMANN, GOTTFRIED DR.
Address: 280TH STREET
City-St-Zip: OSCEOLA, WI 54020 US**Title:** D () Change (X) Addition
Name: KELLERMANN, MIEKE
Address: 280TH STREET
City-St-Zip: OSCEOLA, WI 54020 US

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE MUNDSCHENK

PRES

08/03/2007

Electronic Signature of Signing Officer or Director

Date