

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N18363

1. Entity Name
THE STRANG FOUNDATION, INC.



Principal Place of Business

**200 AVE. B N.W.
P.O. BOX 194
WINTER HAVEN, FL 33880 US**

Mailing Address

**P.O. BOX 194
P.O. BOX 194
WINTER HAVEN, FL 33882-0194 US**



04302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2842475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRANG, CARL J., III
200 AVE. B., N.W.
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRANG, CARL J. III
STREET ADDRESS	200 AVENUE B., N.W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VTD
NAME	STRANG, CARL J. JR.
STREET ADDRESS	200 AVENUE B., N.W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	SD
NAME	ROONEY, EVE STRANG
STREET ADDRESS	248 FRENCHMAN'S CREEK
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	STRANG, JOHN WALTON
STREET ADDRESS	200 AVE. B., N.W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	STRANG, MAX WILSON
STREET ADDRESS	200 AVE. B., N.W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000752302
05/21/07-80011-003 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Daytime Phone #