

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24167

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: E.A.S.E. FOUNDATION, INC.

## Current Principal Place of Business:

6901 ORANGE DRIVE  
DAVIE, FL 33314 US

## New Principal Place of Business:

## Current Mailing Address:

6901 ORANGE DRIVE  
DAVIE, FL 33314 US

## New Mailing Address:

FEI Number: 65-0050648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEINRICHERT, JAMES E.  
6255 STERLING RD.  
DAVIE, FL 33314 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: DP ( ) Delete  
Name: OWEN, LINDA J  
Address: 6901 ORANGE DR  
City-St-Zip: DAVIE, FL 33314

Title: DT ( ) Delete  
Name: WALLACE, CHRIS  
Address: 4801 S. UNIVERSITY DR. STE #253  
City-St-Zip: DAVIE, FL 33328

Title: DS ( ) Delete  
Name: RAO, MELINDA  
Address: 1100 SE 3 AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: STUEHRENBURG, DARRELL REV  
Address: 7601 SW 39 ST  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: KLEINRICHERT, JIM  
Address: 6255 STERLING RD  
City-St-Zip: DAVIE, FL 33314

Title: C ( ) Delete  
Name: KLEIMAN, SCOTT  
Address: 7320 GRIFFIN RD  
City-St-Zip: FORT LAUDERDALE, FL 33314

## 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 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: LINDA OWEN

DP

01/04/2008

Electronic Signature of Signing Officer or Director

Date