

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90090 003 ****61.25

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01242007 Chg-NP CR2E037 (12/06)

DOCUMENT # N35910 1. Entity Name SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.					
Principal Place of Business C/O MYRIAM ANDRADE 700 N.W. 28TH ST. (NG ARMORY) MIAMI, FL 33127 US			Mailing Address C/O MYRIAM ANDRADE 700 NW 28TH ST MIAMI, FL 33127		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 65-0161527		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent WELLS, ARTHUR 700 NW 28TH STREET NG ARMORY MIAMI, FL 33127-4096			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P/D WELLS, ARTHUR 700 NW 28TH STREET MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S ANDRADE, MYRIAM 700 NW 28 ST MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D YOUNG, JEFFREY 700 NW 28 STREET MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SLAGLE, REGLA 700 NW 28TH STREET MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ANDRES, ICILDA 700 NW 28 STREET MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ZEVALLOS, DARIO 700 NW 28TH STREET MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FAUER, JAROD 700 NW 28th Street Miami, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: ARTHUR C. WELLS, January 24, 2007, 305-409-8517					