

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90227 023 ****70.00

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04192007 Chg-NP CR2E037 (12/06)

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|--|---|---|--|---|--|
| DOCUMENT # N39966 1. Entity Name THE JOHN DUDA FOUNDATION, INC. | | | | | |
| Principal Place of Business C/O A.DUDA & SONS, INC P.O. BOX 620257 OVIEDO, FL 32762-0257 US | | | Mailing Address P.O. BOX 620257 OVIEDO, FL 32762-0257 US | | |
| 2. Principal Place of Business - No P.O. Box # 1200 DUDA TRAIL | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State OVIEDO, FL | | | City & State | | |
| Zip 32765 | | Country US | | Zip Country | |
| 4. FEI Number 59-3041359 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent DUDA-NICHOLS, LINDA C/O A.DUDA & SONS, INC. 1200 DUDA TRAIL OVIEDO, FL 32765 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | D NICHOLS, LINDA- DUDA 3900 N CR 426 GENEVA, FL 32732 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, PEGGY DIANE 1326 TIMBERLY LANE MC LEAN, VA 22102 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUDA, KATHERINE M 130 N MAIN STREET WAYNESVILLE, OH 45062 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STINSON, AUDREY 2436 MIKLER ROAD OVIEDO, FL 32765 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CONNERY, MELANIE DENISE 1431 S ATLANTIC AVENUE #304 COCOA BEACH, FL 32931 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DINGWELL, MARK EDWARD 188 MINNA STREET UNIT 38C SAN FRANCISCO, CA 94105 | |
| 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: <i>Linda Duda Nichols</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-23-07 <small>Date Daytime Phone #</small> | | |

LINDA DUDA

407-365-2111