


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N39966</b>	
1. Entity Name <b>THE JOHN DUDA FOUNDATION, INC.</b>	

Principal Place of Business <b>1200 DUDA TRAIL OVIEDO, FL 32765 US</b>	Mailing Address <b>P.O. BOX 620257 OVIEDO, FL 32762-0257 US</b>
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01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3041359</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DUDA-NICHOLS, LINDA  
C/O A.DUDA & SONS, INC.  
1200 DUDA TRAIL  
OVIEDO, FL 32765**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000833832 02/28/08-80029-001 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICHOLS, LINDA- DUDA 3900 N CR 426 GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, PEGGY DIANE 1326 TIMBERLY LANE MC LEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STINSON, AUDREY 2436 MIKLER ROAD OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CONNER, MELANIE DENISE 1431 S ATLANTIC AVENUE #304 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINGWELL, MARK EDWARD 188 MINNA STREET UNIT 38C SAN FRANCISCO, CA 94105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Linda Duda Nichols* **Linda Duda Nichols** **1/30/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #