2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N39968

1. Entity Name
THE FERDINAND AND ANNA DUDA FOUNDATION, INC.

Principal Place of Business	Mailing Address
1200 DUDA TRAIL OVIEDO, FL 32765 US	C/O A. DUDA & SONS, INC. POST OFFICE BOX 620257 OVIEDO, FL 32762-0257 US

03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3041353

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUDA, FERDINAND S.
1200 DUDA TR
OVIEDO, FL 32765

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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	D
NAME	DUDA, FERDINAND S.
STREET ADDRESS	1233 LITARD KNOT CRK.TR.
CITY-ST-ZIP	OVIEDO, FL
TITLE	D
NAME	DUDA, JOSEPH A.
STREET ADDRESS	3253 BELLWIND CIR
CITY-ST-ZIP	VIERA, FL 32955
TITLE	D
NAME	LAVENDER, ELAINE D.
STREET ADDRESS	2375 MIKLER RD.
CITY-ST-ZIP	OVIEDO, FL
TITLE	D
NAME	HANAS, SUSAN D.
STREET ADDRESS	1265 LITARD KNOT CRK.TR.
CITY-ST-ZIP	OVIEDO, FL
TITLE	D
NAME	HRNCIR, ELEANOR
STREET ADDRESS	528 QUEENS MIRROR CIR
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80004-004 70.00

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: _____ 4/20/07 407-365-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FERDINAND DUDA