

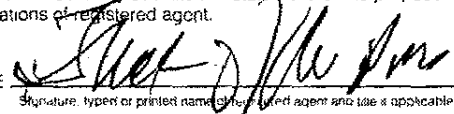
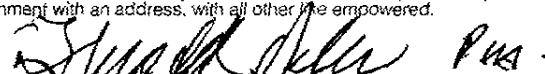


FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # N41174				Aug 03, 2007 08:00 A	
1. Entity Name FANCHON E. KOMITO MEMORIAL FOUNDATION, INC.				Secretary of State	
Principal Place of Business 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154		Mailing Address POST OFFICE BOX 54-6530 SURFSIDE FL 33154			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		2nd MOORE CR2E037 (4/07)	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number 65-0231288	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, THEODORE R. 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154				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  7/31/07 <small>Signature, typed or printed name of registered agent and date is applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 5, 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	PD NELSON, THEODORE R. 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000771320 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/03/07-80002-005 61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NELSON, SARAH A 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154 <input 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	VPD FRIEDIN, CAROLE 9231 N.W. 61ST STREET TAMARAC FL 33321 <input 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	<input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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 I am empowered.					
SIGNATURE:  7/31/07 305 868-0394 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					