

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 047 ****70.00

DOCUMENT # N46029

1. Entity Name

GUATEMALAN TOMORROW FUND, INC.



Principal Place of Business

609 N. HEPBURN AVE.
SUITE #104
JUPITER FL 33458
US

Mailing Address

P O BOX 3636
TEQUESTA FL 33469
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0305897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Mr. John L. Avery Jr.
1001 N. Us Hwy 1, Suite 207
Jupiter, FL 33477

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME JONES, ROBERT E
STREET ADDRESS 8076 SE DOUBLE TREE DRIVE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE SD ☐ Delete
NAME DUDENHOEFER, JOSEPH J
STREET ADDRESS 18-A TURTLE CREEK DRIVE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ Delete
NAME KOLLMER, MS MARIANNE
STREET ADDRESS 460 SUNRISE WAY
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE P.D. ☐ Delete
NAME AVERY, JOHN L
STREET ADDRESS 1001 N HIGHWAY ONE, SUITE 207
CITY-ST-ZIP JUPITER FL 33477-4305

TITLE Y.P.D. ☐ Delete
NAME Mr. Andrew Vissicchio
STREET ADDRESS 2350 NW 38th Street
CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/15/06 Daytime Phone 561-755-1111