

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002808

1. Entity Name

BETTY J. PUSKAR FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

708 OCEAN DR.
JUNO BEACH FL 33408

708 OCEAN DR.
JUNO BEACH FL 33408



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURRY, WILLIAM P
SUITE 204
21301 POWERLINE ROAD
BOCA RATON FL 33433

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

William P. McCurry

5-1-07

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

(NOTE: Registered Agent signature required when restoring)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS PUSKAR, BETTY J
CITY-STATE-ZIP %708 OCEAN DR.
JUNO BEACH FL 33408

☐ Change ☐ Addition
NAME U00000763636
STREET ADDRESS 05/30/07-80020-007 61.25
CITY-STATE-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS PRATT, JOHANNA P
CITY-STATE-ZIP 3082 WOODS EDGE
MORGANTOWN WV

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS AUSTIN, JANET
CITY-STATE-ZIP 3041 WILDWOOD DR.
COVINGTON VA

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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]

5-1-07

561-627-4007