## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001337

Title:

Name:

Address:

City-St-Zip:

STD

( ) Delete

ALFONSO, DESIREE M

10510 GIBSONTON DR

RIVERVIEW, FL 33569

FILED May 01, 2007 Secretary of State

Entity Name: FRVTA EDUCATIONAL FOUNDATION, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
	SONTON DRIVE V, FL 33569		
Current Mailing Address:		New Mailing Address:	
	SONTON DRIVE V, FL 33569		
	65-0585006 FEI Number Applied For() FEI Nu e with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	' <del>-</del> '	
DUNBAR, M 215 S. MON 2ND FLOOI TALLAHAS	NROE ST.		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	ts registered office or registered agent, or both,
SIGNATUR	E:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete SANDERS, DELL 12380 N W HWY 441 ALACHUA, FL 32615	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete WHIDDEN, JIM 670 SPARROW AVE PALM HARBOR, FL 34683	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MANSONS, GUNARS 2350 W. OAKLAND PARK BLVD., #800 OAKLAND PARK, FL 33311
Title: Name: Address: City-St-Zip:	PD () Delete WILSON, DAVID L 2440 ROBERTA LANE CLEARWATER, FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () Delete KELLLY, J D 17631 NATHANS DRIVE TAMPA, FL 33647	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition KELLY, J D 17631 NATHANS DRIVE TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DESIREE ALFONSO STD 05/01/2007

() Change () Addition