

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90171 002 ****61.25

DOCUMENT # N95000001980

1. Entity Name
MARION A. ROLETTI FOUNDATION, INC.



Principal Place of Business
**11421 TAFT ST.
PEMBROKE PINES, FL 33026 US**

Mailing Address
**11421 TAFT ST.
PEMBROKE PINES, FL 33026 US**

40090000



DO NOT WRITE IN THIS SPACE

04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0582978

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, NANCY C
11421 TAFT ST
PEMBROKE PINES, FL 33026**

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KLUMP, THOMAS
439 S NETHERLAND CRESENT
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, NANCY C
11421 TAFT STREET
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, GLENDA
1 FOREST RD.
PONCA CITY, OK 74604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Nancy C. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/02/07 305-817-3668