2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# N95000004354

Entity Name: THE FAMILY OF ABRAHAM DUPONT, INC.

Current Principal Place of Business:

28 CORDOVA ST
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

28 CORDOVA ST
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 31-1475123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PELLICER, CHARLES E ESQ.
28 CARDOVA STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MASTERS, PATRICK
Address: 5850 ST. AMBROSE CHURCH RD
City-St-Zip: ELKTON, FL 32033

Title: D ( ) Delete
Name: DUPONT, ED
Address: 152 BEACHSIDE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: DUPONT, JOYCE
Address: ROUTE 2, BOX 142
City-St-Zip: EAST PALATKA, FL 32131

Title: D (X) Delete
Name: MASTERS, PAT
Address: 5850 ST AMBROSE CHURCH RD
City-St-Zip: ELKTON, FL 32033

Title: PD ( ) Delete
Name: DELAPORTE, CHRISTOPHER E
Address: 1821 COUNTY RD 13 SOUTH
City-St-Zip: ELKTON, FL 32033

Title: D ( ) Delete
Name: DUPONT, DONALD
Address: 445 CARDINAL DR
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHRISTOPHER E. DELAPORTE PD 03/29/2007

Electronic Signature of Signing Officer or Director — Date