

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90202 019 \*\*\*\*61.25

**DOCUMENT # N96000003633**

1. Entity Name  
**THE FUTURE FOUNDATION INC.**



Principal Place of Business  
**400 S FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009 US**

Mailing Address  
**400 S FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009 US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**65-0684443**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOVE, DAVID  
400 S FEDERAL HIGHWAY  
HALLANDALE, FL 33009**

**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

**Filing 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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	LADOLCETTA, PATRICIA	
STREET ADDRESS	400 S. FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, DOROTHY	
STREET ADDRESS	400 S FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE BEACH, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANTANGELO, LUANNE	
STREET ADDRESS	410 S.E. 3RD ST	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLER, FRANCINE	
STREET ADDRESS	400 S FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, JOY	
STREET ADDRESS	400 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JULIAN, WILLIAM	
STREET ADDRESS	400 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca Munden Correa	
STREET ADDRESS	400 South Federal Highway	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Patricia M. Ladolcetta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/07*  
Date

*954-457-1397*  
Daytime Phone #