

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TD
NAME LADOLCETTA, PATRICIA
STREET ADDRESS 400 S. FEDERAL HWY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE D
NAME ROSS, DOROTHY
STREET ADDRESS 400 S FEDERAL HWY
CITY-ST-ZIP HALLANDALE BEACH, FL

TITLE SD
NAME MUNDEN CORREA, REBECCA
STREET ADDRESS 400 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE D
NAME SCHILLER, FRANCINE
STREET ADDRESS 400 S FEDERAL HWY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE PD
NAME COOPER, JOY
STREET ADDRESS 400 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE VPD
NAME JULIAN, WILLIAM
STREET ADDRESS 400 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

U000000791186
01/23/08-80065-004 61.25

**DO NOT WRITE
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:

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

1-18-08
Date

954-457-1341
Daytime Phone #