

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005907

FILED
Mar 10, 2008
Secretary of State

Entity Name: THE JERRY ORNS/MIDAS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

12406 WINDTREE BLVD.
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

12406 WINDTREE BLVD.
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-3413420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONNIE, ORNS, D
12406 WINDTREE BLVD
SEMINOLE, FL 33772 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: PTD () Delete
Name: ORNS, JERRY
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: VSD () Delete
Name: ORNS, DONNA
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: ORNS, LONNIE
Address: 11050 9TH ST. BAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: KITENPLON, IVY
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 34642

Title: D () Delete
Name: MORRIS, PAMELA
Address: 2903 W. BAYSHORE COURT
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: ORNS, JILL
Address: 7278 MAIDENCANE CT
City-St-Zip: LARGO, FL 33777

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
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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 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: IVY KITENPLON

D

03/10/2008

Electronic Signature of Signing Officer or Director

Date