

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006025

1. Entity Name
**THE CHARLES AND MARABETH CAUSEY FOUNDATION,
INC.**



Principal Place of Business
**200 S. AVOCADO STREET
ISLAMORADA, FL 33036**

Mailing Address
**P O BOX 1169
ISLAMORADA, FL 33036 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0711722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAUSEY, MARABETH L
200 S. AVOCADO STREET
ISLAMORADA, FL 33036**

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 September 14, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**PD
CAUSEY, CHARLES W III
200 S. AVOCADO STREET
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**DVP
CAUSEY, MARABETH L
200 S. AVOCADO STREET
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**D
CAUSEY, FRANCES W
24 CIRCULO DIEGO RIVERA
TUBAC, AZ 85646**

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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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:

Charles W. Causey - Charles W. Causey - Pres.

7/18/07

**305
664
9779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #