2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005449

620 HICKORY RD

NAPLES, FL 34108

Address:

City-St-Zip:

FILED Jun 30, 2007 Secretary of State

DOCON	1L111# 11300	700003443				Secretary or	State
Entity Na	me: THE RECU	JRSIONIST FUND,	INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	A MARE LN FL 341033429	US					
Current Mailing Address:				New Mailing Address:			
909 TENT STE 105 NAPLES, I		3					
	: 59-3535995 ce with s. 607.1936	FEI Number Applied (2)(b), F.S., the corpor		nber Not Appl		Certificate of Status Desire	ed ()
		rrent Registered		•		of New Registered Agent:	
3838 TAM NAPLES, I		3					
	named entity sue of Florida.	ıbmits this stateme	nt for the purpose o	of changing i	ts register	red office or registered agent,	or both,
SIGNATU	RE:						
	Electronic	Signature of Regis	stered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () [HARRIS, SCOTT 4718 VILLA MAR NAPLES, FL 341	E		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [JEANMARIE, HEI 3207 60TH STRE NAPLES, FL 341	ET S. W.		Title: Name: Address: City-St-Zip:	D ANTHONY 4708 VILL NAPLES,	A MARE LN	
Title: Name:	D ()[SWANSON, JOH	Delete N		Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SCOTT M. HARRIS PRES 06/30/2007