

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003048					
Entity Name VOTUM FOUNDATION, INC.					
Principal Place of Business PO BOX 832 LAKE WALES, FL 33859			Mailing Address PO BOX 832 LAKE WALES, FL 33859		
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	4. FEI Number 59-3580800	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLARK, RONALD L ESQ. 500 SOUTH FLORIDA AVE. SUITE 800 LAKELAND, FL 33801				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				U00000757256 05/23/07-80069-017 70.00	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAXWELL, LAWRENCE W 500 S. FLORIDA AVE. SUITE 700 LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MAXWELL, ANITA K 500 S.FLORIDA AVE.SUITE 700 LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE T 500 S FLORIDA AVE.SUITE 700 LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROST, AMANDA R 500 S FLORIDA AVE.SUITE 700 LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, BENJAMIN D 500 S FLORIDA AVE.SUITE 700 LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, BENJAMIN D 500 S FLORIDA AVE.SUITE 700 LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, BENJAMIN D 500 S FLORIDA AVE.SUITE 700 LAKELAND, FL 33801	<input type="checkbox"/> Delete			
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: _____		Benjamin D E Falk		4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		863.647.1581			