

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007303

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** THE KIRK A. COPANOS MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

9118 GRIFFIN RD STE B  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

9118 GRIFFIN RD STE B  
COOPER CITY, FL 33328

**New Mailing Address:**

**FEI Number:** 65-0966744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA TAX CONSULTING INC  
9118 GRIFFIN RD STE B  
COOPER CITY, FL 33328 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:** D  
**Name:** SHALLCROSS, GEORGIA  
**Address:** C/O 9118 GRIFFIN RD STE B  
**City-St-Zip:** COOPER CITY, FL 33328

**Title:** D  
**Name:** DHABURA, ANTON MD  
**Address:** 6033 HOLLINS AVENUE  
**City-St-Zip:** BALTIMORE, MD 21212

**Title:** D  
**Name:** COPANOS, JOHN D  
**Address:** 1800 SOUTH OCEAN BLVD.  
**City-St-Zip:** MANALAPAN, FL 33462

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN D COPANOS

D

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date