

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N06000004419

**Mar 13, 2014**

**Entity Name:** SEVENTYONWARD FOUNDATION,INC

**Secretary of State  
CC2077368838**

**Current Principal Place of Business:**

1340 MERRIFIELD CT.,  
DELTONA, FL 32725

**Current Mailing Address:**

1340 MERRIFIELD CT.,  
DELTONA, FL 32725 US

**FEI Number: 20-4739630**

**Certificate of Status Desired: No**

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

GAJO, JULIETA T  
1340 MERRIFIELD CT  
DELTONA, FL 32725 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRZESIAKOWSKI, DIANA A  
Address        1014 HUNTINGTON DRIVE  
City-State-Zip: ELK GROVE VILLAGE IL 60007

Title            PRESIDENT-ELECT  
Name            MATIC, CHARITY A  
Address        4116 BERENICE PLACE  
City-State-Zip: LOS ANGELES CA 90031

Title            SECRETARY  
Name            LAN, VIRGINIA M  
Address        2805 EMBER WAY  
City-State-Zip: ANN ARBOR MI 48104

Title            TREASURER  
Name            ANASTACIO, HEDELIZA C  
Address        145 ALBION FALLS  
City-State-Zip: HAMILTON ONTARIO L8W1X4

Title            AUDITOR  
Name            TURNER, CHARITO Q  
Address        1842 HARBISON CANYON RD  
City-State-Zip: EL CAJON CA 92019

Title            SECRETARY-ELECT  
Name            MCGRATH, ROSARIO S  
Address        9727 EUCALYPTUS CT  
City-State-Zip: SANTEE CA 92071

Title            TREASURER-ELECT  
Name            REYES, JULITA  
Address        7410 OXFORD CT  
City-State-Zip: FONTANA CA 92336

Title            AUDITOR-ELECT  
Name            PADOR, DOMINIQUE D  
Address        16856 MT FLETCHER CIRCLE  
City-State-Zip: FOUNTAIN VALLEY CA 92708

**Continues on page 2**

*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: JULIETA T. GAJO**

**CHARTER PRESIDENT**

**03/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHARTER PRESIDENT  
Name GAJO, JULIETA T  
Address 1340 MERRIFIELD CT  
City-State-Zip: DELTONA FL 32725

Title ADMINISTRATOR  
Name ARNOLD, MALOU P  
Address 3820 OXBOW CREEK LANE  
City-State-Zip: PLANO TX 75074