

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90125 029 ****70.00

DOCUMENT # 718090

1. Entity Name

LA AMISTAD FOUNDATION, INC.



Principal Place of Business

8400 LA AMISTAD COVE
FERN PARK FL 32730
US

Mailing Address

8400 LA AMISTAD COVE
FERN PARK FL 32730



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1300982

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

BOOTH, HELEN
2212 AZALEA PLACE
WINTER PARK FL 32789

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NIES, PERRY	
STREET ADDRESS	30 MAITLAND GROVE	
CITY-ST-ZIP	MAITLAND FL 32851	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODRUFF, BRUCE	
STREET ADDRESS	3101 MAGUIRE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	C	<input type="checkbox"/> Delete
NAME	RIMMER, LINDA	
STREET ADDRESS	7531 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUCHENE, TOM	
STREET ADDRESS	5404 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, TERESA	
STREET ADDRESS	679 MINNESOTA AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUYKENDALL, LINDY	
STREET ADDRESS	1251 MILLER AVE. STE A	
CITY-ST-ZIP	WINTER PARK FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Denise	
STREET ADDRESS	4000 Central Florida Blvd.	
CITY-ST-ZIP	Orlando, FL 32816	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rufo, Donald	
STREET ADDRESS	100 Bush Blvd.	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muller Chambers, Allison	
STREET ADDRESS	1250 Lee Road	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Helen D. Booth Pres/CED **HELEN D. BOOTH** 2-17-2006 407-331-7226