


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90209 030 \*\*\*\*70.00

<b>DOCUMENT # 718090</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIES, PERRY 30 MAITLAND GROVE MAITLAND, FL 32851		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFO, DONALD A 100 BUSH BLVD. SANFORD, FL 32773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRUFF, BRUCE 3101 MAGUIRE BLVD. ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON M. CHAMBERS 1250 LEE ROAD WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIMMER, LINDA 7531 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO HELEN BOOTH 8400 LA AMISTAD COVE FERN PARK, FL 32730	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUCHENE, TOM 5404 SILVER STAR ROAD ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISE YOUNG 4000 CENTRAL FLORIDA BLVD. ORLANDO, FL 32816	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TERESA 679 MINNESOTA AVE. WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUYKENDALL, LINDY 1251 MILLER AVE. STE A WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> <i>Helen Booth</i> <b>Helen Booth</b> <b>President/CEO</b> <b>1-12-07</b> <b>407-331-7226</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

00001100



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1300982

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required