2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90020 016 ****61.25

DOCUMENT # 714485

1. Entity Name
WALTER S. PIERCE FOUNDATION, INC.

40024761

Principal Place of Business	Mailing Address
C/O WILLIAM H. CAUTHEN 215 N. JOANNA AVE. TAVARES, FL 32778-3200	C/O WILLIAM H. CAUTHEN 215 N. JOANNA AVE. TAVARES, FL 32778-3200

01112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
23-7292648
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAUTHEN, WILLIAM H
215 N. JOANNA AVE.
TAVARES, FL 32778-3200

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~HYMAN, DAVID~~ Sam Ferlita
STREET ADDRESS	~~504 E KENNEDY #707~~ 3302 W Azeele St, ste A
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VPSD
NAME	CAUTHEN, WILLIAM H.
STREET ADDRESS	215 JOANNA AVENUE
CITY-ST-ZIP	TAVARES, FL
TITLE	TD VP
NAME	~~FERLITA, SAM G~~ David Hyman
STREET ADDRESS	~~3302 WEST AZEELE STREET~~ 3415 Bob Drive S.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: W. A. Cauthen VP 1/30/08 352-343-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #