

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90095 049 ****61.25

DOCUMENT # 764016 1. Entity Name THE GLENN W. MORRISON AND HAZELLE PAXSON FOUNDATION, INC.					
Principal Place of Business 112 E. POINSETTA STREET LAKELAND, FL 33803-2919			Mailing Address 112 E. POINSETTA STREET LAKELAND, FL 33803-2919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2220612	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
Zip		Country		01162004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ATTAWAY, JOHN A JR %PUBLIX SUPERMARKETS INC. 321 S. KENTUCKY AVE. LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name ATTAWAY, JOHN A JR Street Address (P.O. Box Number is Not Acceptable) 2217 HOLLINGSWORTH HILL City LAKELAND FL Zip Code 33803	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FARRIS, NORMAN E		NAME		
STREET ADDRESS	111 COUNTRY KNOLL		STREET ADDRESS		
CITY-ST-ZIP	NICHOLASVILLE, KY		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ATTAWAY, JOHN A JR.		NAME		
STREET ADDRESS	321 S. KENTUCKY AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DAVIS, CHARLES H., JR		NAME		
STREET ADDRESS	112 E. POINSETTIA		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALLEN, RALPH C.		NAME		
STREET ADDRESS	1401 SOUTH FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RICKER, PATRICIA		NAME		
STREET ADDRESS	1500 BISHOP ESTATES-VILLA #25		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charles H Davis Jr</u> 1-6-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					