

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764016

FILED
Jan 14, 2008
Secretary of State

Entity Name: THE GLENN W. MORRISON AND HAZELLE PAXSON FOUNDATION, INC.

Current Principal Place of Business:

1401 S FLORIDA AVE
LAKELAND, FL 33802

New Principal Place of Business:

Current Mailing Address:

PO BOX 7518
LAKELAND, FL 338077518

New Mailing Address:

FEI Number: 59-2220612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTAWAY, JOHN A JR
2217 HOLLINGSWORTH HILL
LAKELAND, FL 338035 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ATTAWAY, JOHN A JR.
Address: 321 S. KENTUCKY AVE.
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: BERRYMAN, HUNT
Address: 3328 BRIDGEFIELD DR
City-St-Zip: LAKELAND, FL 33803

Title: PD () Delete
Name: ALLEN, RALPH C.
Address: 1401 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: RICKER, PATRICIA,
Address: 1500 BISHOP ESTATES-VILLA #25
City-St-Zip: JACKSONVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JENKO, MARY E
Address: 6808 CRESCENT OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33813

Title: ED () Change (X) Addition
Name: NORIS, REBECCA L
Address: 5914 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REBECCA NORIS

ED

01/14/2008

Electronic Signature of Signing Officer or Director

Date