2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 05, 2008 8:00 am
Secretary of State
08-05-2008 90004 022 ****61.25

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1. Entity Name
THE PRINCE OF WALES FOUNDATION, INC.

Principal Place of Business	Mailing Address
888 17TH STREET, N.W. SUITE 201 WASHINGTON, DC 20006	888 17TH STREET, N.W. SUITE 201 WASHINGTON, DC 20006

40112715

07182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
36-3820023
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KENT, GEOFFREY J W
STREET ADDRESS	BAHATI, MASAI LANE
CITY-ST-ZIP	LANGATA, KENYA,
TITLE	S
NAME	~~HOUSE, DORLAND~~ Caroline Wheeler Dorland House
STREET ADDRESS	20 LOWER REGENT ST
CITY-ST-ZIP	LONDON ENGLAND,
TITLE	DT
NAME	HIGDON, ROBERT
STREET ADDRESS	888 17TH ST., N.W., STE. 201
CITY-ST-ZIP	WASHINGTON, DC 20006
TITLE	D
NAME	FERRAR, LESLIE
STREET ADDRESS	CLARENCE HOUSE
CITY-ST-ZIP	LONDON, ENGLAND,
TITLE	D
NAME	FORBES, CHRISTOPHER
STREET ADDRESS	60 5TH AVE.
CITY-ST-ZIP	NEW YORK, NY 10011
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: _____ 7/18/08 202-887-8280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #