### **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

# **FILED** Apr 04, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N0400000 FAMILY FOUNDATION, INC		THE STATE OF THE S				008 90007	029 ***	*61.25
1405 WEST	ce of Business BEACH DR. Y, FL 32401	Mailing Address 1405 WEST BEACH DR. PANAMA CITY, FL 3240	1			58296	,		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>		03242008	Chg-NP	CR2E03	37 (12/06)	
City & Stat	te	City & State			4. FEI Number . 20-1573		· · · ·	<del></del>	pplied For ot Applicable
Zíp	Country	Zíp	Country	y 	5. Certificate of	f Status Desire	d 🔲	\$8.75 Ad Fee Require	ditional ed
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	w Registered /	Agent ,	
225 WATE	JLSEY & BUSEY, P.A. ER ST., STE: 1800		<u> </u>	Name 	P.O. Box Number	is Not Accepta	able)		
JACKSON	IVILLE, FL 32202					_			
	K.			City			FL	Zip Coc	
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered o	office or register	red agent, or both	, in the State of	Florida. I am i	familiar with	, and accept
	ė ė								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Age	ent signature required	f when reinstating)		· DATE	<del></del> .	<del></del>
SIGNATURE	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Finar	ncing	\$5.00 May Be Added to Fees		DATE Make check lorida Depart		
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Finar	ncing	\$5.00 May Be	- F	Make check lorida Depar	lment of S	tate
	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Finar entribution.	ncing	\$5.00 May Be Added to Fees	- F	Make check lorida Depar	RECTORS IN	tate
10. Title NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  D  BENSE, ALLAN G	9. Election Camp Trust Fund Co	paign Finar entribution.	ncing	\$5.00 May Be Added to Fees	- F	Make check lorida Depar	lment of S	tate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  D  BENSE, ALLAN G  1405 WEST BEACH DR.	9. Election Camp Trust Fund Co	paign Finar ontribution.  11.  TITLE  NAME  STREET AD	DDRESS	\$5.00 May Be Added to Fees	- F	Make check lorida Depar	RECTORS IN	tate
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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: \_

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

210-712-3426

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FLORID Divisio	a Departme ON OF CORPO	NT OF STATE RATIONS	Sunbiz.		
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			4005	8296	
Annu	al Report	Online Fili	ng		
Documen	t Number No	4000008448			
		NSE FAMILY FOUNDAT	TON, INC.		
FEI Numi	<b>ber</b> 20 - 1573	3625			
FEI Numb	<b>per Status</b> Lis	ted Above Applied	For Not Applica	ble	*
Certificat	e of Status Desi	red Yes No	\$8.75 each		
Election (	Campaign Financ	ing Trust Fund Cont	t <b>ribution</b> Yes	<b>№</b>	
Princip	al Place of B	usiness			
Address	1405 V	VEST BEACH DR	(PO Be	ox not acceptable)	
Suite, Apt	t. #, etc.				
City, Stat	e PANA	MA CITY	, FL		
Zip Code	& Country 32401	<del></del>			
Mailing	Address				
	ailing address is e, enter your ma		ncipal address ab	ove, please check the	box below.
☑ Mailing	g address same a	as principal address	•		
Address	1405 V	VEST BEACH DR	<del></del>		
Suite, Ap	t. #, etc.				
City, State	<u> </u>	MA CITY	, FL		
Zip Code	<b>&amp; Country</b>  32401				
Name A	Ind Address	of Registered	Agent		
Name (La	st, First, Middle, - OR -	Title)	,	1 1	
Business	to serve as RA	SMITH HULSE	Y & BUSEY, P.A.		
Street Ad	dress In Florida	225 WATER ST	., STE. 1800	(PO Box not acc	eptable)
Suite, Apt	t. #, etc.	•			-
City. State	e	JACKSONVILLI	FI		

32202

US

Zip Code & Country

ATTACHMENT.

wheel to type their name in the

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

#### **Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Name And Address #1				
Title	D			
Name (Last, First, Middle, Title)	BENSE	, ALLAN	,G ,	
- OR -				
Entity Name to serve as Officer/Dire	ctor			
Street Address	1405 WEST B	EACH DR.		
City, State	PANAMA CIT	Υ , F	L	
Zip Code & Country	32401			
Name And Address #2				
Title	D			
Name (Last, First, Middle, Title)	BENSE	TONIE	,L ,	
- OR -				
Entity Name to serve as Officer/Dire	ctor			
Street Address	1405 WEST B	EACH DR.		
City, State	PANAMA CIT	Y , F	L	
Zip Code & Country	32401			
Name And Address #3				
Title -	D			
Name (Last, First, Middle, Title)	BENSE	, COURTNEY	,м , -	
- OR -		,	• • •	
Entity Name to serve as Officer/Dire	ctor			
Street Address	1405 WEST B			

PANAMA CITY

32401

, FL

#### Name And Address #4

City, State

**Zip Code & Country** 

ATTAC	HMENT	40058296
Title	D	#104000008448
Name (Last, First, Middle, Title)	WHITE	, DERWIN , ,
- OR -		
Entity Name to serve as Officer/Dire	ector	
Street Address	4116 HW 23	1

Street Address	4110 HW 231	
City, State	PANAMA CITY	, FL
Zip Code & Country	32404	

## Name And Address #5

Title	D			
Name (Last, First, Middle, Title)	DODD	, RICHARD	,	,
- OP -				

Entity Name to serve as Officer/Director

Street Address	4116 HWY 231	
City, State	PANAMA CITY	, FL
Zip Code & Country	32404	

## Name And Address #6

Street Address

Title	D			
Name (Last, First, Middle, Title)	BROWN	, MIKE	,	,
- OR -				

**Entity Name to serve as Officer/Director** 

Street Address	3209 COUNTRY CLUB DR	
City, State	LYNN HAVEN	, FL
Zip Code & Country	32444	

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director\_Signature' block.below. A corporate name is not allowed in this block.

Title President

Officer/Director Signature

Old Bon 3/16/07

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue	Reset

2200 COUNTRY OF UR DO