


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90060 001 ***122.50

DOCUMENT # N06000011640	
1. Entity Name FTS FOUNDATION, INC.	

Principal Place of Business 162 W. BURGESS RD. PENSACOLA, FL 32503	Mailing Address 162 W. BURGESS RD. PENSACOLA, FL 32503
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66005576



03142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5859793	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LANGHAM, DARICE
 162 W. BURGESS RD.
 PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

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, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC THOMAS, RONY 1864 CONCERT DRIVE VIRGINIA BEACH, VA 23453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERKSTRESSER, GORDON 1864 CONCERT DRIVE VIRGINIA BEACH, VA 23453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANHAM, DARICE 162 W BURGESS RD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRE, JOHN M MD 100 KINGSLEY LANE #200 NORFOLK, VA 23505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, GERALD M DDS 829 DE FRANCEAUX HARBOR PASADENA, MD 21122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Douglas Wilson</i> <i>1864 Concert Drive</i> <i>Virginia Beach, VA 23453</i>

DO NOT WRITE IN THIS SPACE

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: _____ **3-18-08** **757-609-4607**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #