


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N12771

1. Entity Name
 JENKINS FAMILY FOUNDATION, INC.



Principal Place of Business
 %WILLIAM A. WALKER II
 250 PARK AVENUE SOUTH, SIXTH FLOOR
 WINTER PARK, FL 32789

Mailing Address
 %WILLIAM A. WALKER II
 PO BOX 880
 WINTER PARK, FL 32790-0880 US

DO NOT WRITE IN THIS SPACE



02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2642034

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, WILLIAM A., II
 250 PARK AVENUE SOUTH
 FIFTH FLOOR
 WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reactivating) _____ 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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JENKINS, W. GRIFF
STREET ADDRESS	4650 E. LAKE DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	WALKER, WILLIAM A., II
STREET ADDRESS	2171 GLENCOE ROAD
CITY-ST-ZIP	WINTER PARK, FL 327896034
TITLE	TD
NAME	CLEMENT, ANN JENKINS
STREET ADDRESS	2302 LEU RD
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000040936
 02/09/04-80066-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William A. Walker II 2/5/04 **NOT-246-8677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____