


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49695</b>	
1. Entity Name JOHN J AND LUCILLE C. MADIGAN CHARITABLE FOUNDATION, INC.	

Principal Place of Business 2900 S. TAMIAMI TRL. SARASOTA, FL 34239 US	Mailing Address 1313 S. LAKE SHORE DR. SARASOTA, FL 34231 US
--	--

**DO NOT WRITE IN THIS SPACE**



04202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0352871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DRABIK, ROBERT  
2900 S TAMIAMI TRAIL  
SARASOTA, FL 34239

**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	D TOUSEY, MARK 25 ONSLON SQ FLAT 2 LONDON, ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRABIK, ROBERT F. 1313 S LAKE SHORE DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRABIK, PATRICIA J. 1313 S LAKE SHORE DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

000000930568  
05/21/08-80114-009:61.25

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:  4/24/08

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