## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 26, 2004 8:00 am DOCUMENT # N97000005431 **Secretary of State** 03-26-2004 90044 011 \*\*\*\*61.25 THE JANNITA D. MCGRIFF FOUNDATION, INC. Principal Place of Business Mailing Address 2905 LANGSTON DRIVE FORT PIERCE FL 34947 2905 LANGSTON DRIVE FORT PIERCE FL 34947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0789911 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMMONS, EVETT L Street Address (P.O. Box Number is Not Acceptable) 145 N.W. CENTRAL PARK PLAZA SUITE 200 PORT ST. LUCIE FL 34986 Zip Code 8. Tile 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete Change ☐ Addition JOHNSON, JIMMIE NAME NAME 3801 AVENUE J STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCGRIFF, ROY NAME NAME 2326 SUTH CONWAY ROAD, APARTMENT F STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MCGRIFF, BRENDA NAME NAME 2905 LANGSTON DRIVE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition MCGRIFF, JANICE NAME NAME 2905 LANGSTON DRIVE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition COLEMAN, H D NAME NAME 312 NORTH 8TH STREET STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 repetiter 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

March 24, 2004

<u> 172-461-0486</u>

**FILED**