

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|                                                                                             |                                                                                   |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N97000005431</b><br>1. Entity Name<br>THE JANNITA D. MCGRIFF FOUNDATION, INC. |  |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>2905 LANGSTON DRIVE<br>FORT PIERCE, FL 34947 | Mailing Address<br>2905 LANGSTON DRIVE<br>FORT PIERCE, FL 34947 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

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04212005 No Chg-NP CR2E037 (10/03)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br>65-0789911                               | Applied For<br>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<br><br>SIMMONS, EVETT L<br>145 N.W. CENTRAL PARK PLAZA<br>SUITE 200<br>PORT ST. LUCIE, FL 34986 |
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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.

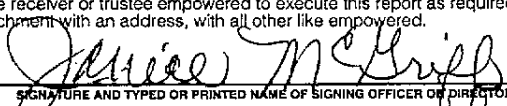
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|                                                     |                                                                                                                           |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSON, JIMMIE<br>3801 AVENUE J<br>FORT PIERCE, FL 34947               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCGRIFF, ROY<br>2326 SUTH CONWAY ROAD, APARTMENT F<br>ORLANDO, FL 32812 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCGRIFF, BRENDA<br>2905 LANGSTON DRIVE<br>FORT PIERCE, FL 34947         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCGRIFF, JANICE<br>2905 LANGSTON DRIVE<br>FORT PIERCE, FL 34947         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COLEMAN, H D<br>312 NORTH 8TH STREET<br>FORT PIERCE, FL 34950           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |

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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)(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 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.

|                                                                                                       |               |                               |
|-------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| <b>SIGNATURE:</b>  | Date: 4/21/05 | Daytime Phone #: 772-461-0486 |
|-------------------------------------------------------------------------------------------------------|---------------|-------------------------------|