2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N97000005431

1. Entity Name
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

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04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0789911
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, EVETT L
145 N.W. CENTRAL PARK PLAZA
SUITE 200
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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04/25/05-80100-012 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)(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.

SIGNATURE: Jannita McGriff 4/21/05 772-461-0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #