

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005431

1. Entity Name

THE JANNITA D. MCGRUFF FOUNDATION, INC.



Principal Place of Business

2905 LANGSTON DRIVE
FORT PIERCE FL 34947

Mailing Address

2905 LANGSTON DRIVE
FORT PIERCE FL 34947



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0789911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, EVETT L
145 N.W. CENTRAL PARK PLAZA
SUITE 200
PORT ST. LUCIE FL 34986

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME JOHNSON, JIMMIE
STREET ADDRESS 3801 AVENUE J
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☐ Delete
NAME MCGRUFF, ROY
STREET ADDRESS 2326 SUTH CONWAY ROAD, APARTMENT F
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME MCGRUFF, BRENDA
STREET ADDRESS 2905 LANGSTON DRIVE
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☐ Delete
NAME MCGRUFF, JANICE
STREET ADDRESS 2905 LANGSTON DRIVE
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☐ Delete
NAME COLEMAN, H D
STREET ADDRESS 312 NORTH 8TH STREET
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Janice McGriff

Janice McGriff

04-29-08 772-873-5904