## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## TALLAHASSEE, FLORIDA DOCUMENT # P38501 07 JAN 16 PM 1: 37 QUEST FOUNDATION, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 708 P.O.BOX 3575 HIGHLANDS, NC 28741 TALLAHASSEE, FL 32315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 23-7154667 Applied For Not Applicable 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 GROW, GERALD 1911 GIBBS DR Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32303 Zip Code City FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition VALENTINE, JAMES NAME NAME P.O. BOX 3575 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP Delete TITLE VD TITI F ☐ Change ■ Addition MILTON, JOHN NAME NAME STREET ADDRESS P.O. BOX 1856 N/A STREET ADDRESS CITY-ST-ZIP BISBEE, AZ CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition VALENTINE, PHILIP NAME NAME STREET ADDRESS PO BOX 3575 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32315 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 700084630477 STREET ADDRESS STREET ADDRESS 01/16/07--01049--021 \*\*70.00 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 the empowered.

RE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

SIGNATURE:

President James VALENTING 1/16/07

SECRETARY OF STATE