

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006028

**Entity Name:** MONIQUE BURR FOUNDATION FOR CHILDREN, INC.

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC3858508827**

**Current Principal Place of Business:**

7807 BAYMEADOWS RD. E.  
SUITE 205  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7807 BAYMEADOWS RD. E.  
SUITE 205  
JACKSONVILLE, FL 32256 US

**FEI Number: 59-3482715**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 N. A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BURR, EDWARD E  
Address 3903 DUVAL DRIVE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D  
Name PARKER, DIANNE E  
Address 942 CRESSWELL LANE W.  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name SIMON, BERT  
Address C/O 1660 PRUDENTIAL DR., STE. 203  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name FLETCHER, JOHN  
Address 637 PARK ST.  
City-State-Zip: JACKSONVILLE FL 32204

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EDWARD E. BURR**

**CHAIRMAN**

**02/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date