

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 706404

1. Entity Name
THE FRANCIS AND MIRANDA CHILDRESS
FOUNDATION, INC.



Principal Place of Business
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 US

Mailing Address
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 US



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1051733

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS S. LEE
50 NORTH LAURA STREET
STE 3300
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEE, FRANCES C.
STREET ADDRESS	50 NORTH LAURA STREET, STE., 3300
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	DT
NAME	LEE, LEWIS S. JR.
STREET ADDRESS	50 NORTH LAURA STREET, STE., 3300
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	DVSA
NAME	LEE, LEWIS S
STREET ADDRESS	50 NORTH LAURA ST., STE 3300
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000539941
05/09/06-80118-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

904-798-3200

Daytime Phone #