

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90036 027 ****61.25

DOCUMENT # 737451

1. Entity Name
K. W. GRADER FOUNDATION, INC.



Principal Place of Business

1115 GEORGE ST.
~~P.O. BOX 28~~
BARTOW, FL 33830

Mailing Address

P.O. BOX 431
~~P.O. BOX 28~~
BARTOW, FL 33831

DO NOT WRITE IN THIS SPACE



01152004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1708165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LYNN G.
1115 GEORGE STREET
BARTOW, FL 33830

**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

[Signature]

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: KLEPPEL, LEE G.
STREET ADDRESS: 118 TOWN CREEK DR.
CITY-ST-ZIP: ANDERSON, SC 29621

TITLE: DVST
NAME: JOHNSON, LYNN G.
STREET ADDRESS: 1115 GEORGE ST.
CITY-ST-ZIP: BARTOW, FL 33830

TITLE: DV
NAME: KLEPPEL, JERRY
STREET ADDRESS: 118 TOWN CREEK DR.
CITY-ST-ZIP: ANDERSON, SC 29621

TITLE: D
NAME: WESTBERRY, MICHAEL
STREET ADDRESS: 1085 BOUGAINVILLE WAY EAST
CITY-ST-ZIP: BARTOW, FL 33830

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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: Lynn G. Johnson *Lynn G. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/04

863-533-2286

Daytime Phone #