

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90024 038 ****70.00

DOCUMENT # 748930

1. Entity Name
CARL S. SWISHER FOUNDATION INC.



Principal Place of Business
**1301 RIVERPLACE BLVD.
#2640
JACKSONVILLE, FL 32207 US**

Mailing Address
**1301 RIVERPLACE BLVD.
#2640
JACKSONVILLE, FL 32207 US**

50015563



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0998262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, KENNETH G
1301 RIVERPLACE BLVD
#2640
JACKSONVILLE, FL 32207**

James P. Stevens

**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

James P. Stevens

James P. Stevens

1/17/05

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LINDSEY, JOHN H. 13640 MANDARIN ROAD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP ANDERSON, KENNETH G. 2951 FRONT RD JACKSONVILLE, FL 00000. |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD CHARBONNET, CAROLINE 4418 COUNTRY CLUB ROAD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD STEVENS, JAMES P 933 GRANADA BOULEVARD S JACKSONVILLE, FL 32207 |
| 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:

Ken G. Anderson *Prudish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/17/05 *904 395-5000*