


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 753076 1. Entity Name FLORIDA GOVERNOR'S MANSION FOUNDATION, INC.	
---	---

Principal Place of Business 700 N. ADAMS STREET TALLAHASSEE, FL 32303-6131	Mailing Address 700 N. ADAMS STREET TALLAHASSEE, FL 32303-6131
--	--

DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2015681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEREZ, GLADYS THE CAPITOL ROOM 209 TALLAHASSEE, FL 32399
--

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, 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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000941952 05/28/08-80127-012 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHANAHAN, KATHLEEN 221 HOBBS ST #108 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SARGEANT, DEBORAH 1420 N OCEAN BLVD GULF STREAM, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUPREE, ABBY 2640A MITCHUM DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOOD, MARGARET 1901 BRIGHTWATERS BLVD NE ST PETERSBURG, FL 33704
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 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: Abby Dupree **4/24/08** **850 877-1099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #