## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #764016**



**FILED** 

Jan 22, 2007 8:00 am Secretary of State

THE GLENN W. MORRISON AND HAZELLE PAXSON FOUNDATION, INC.								01-22-200	7 90098	045 ****6	51.25	
1401 S FLORIDA AVE PO			PO BO	ailing Address PO BOX 7518 AKELAND, FL 33807-7518					•			
2. Principal P	tace of Busin	ness - No P.O. Box #	3. Mailin	Address	==-							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				01102007	Chg-NP	CR2E	037 (12/06)	
City & State			City	City & State				4. FEI Numbe 59-2220		·		oplied For
Zīp	Zip Country		Zip	Zip		Country		5. Certificate of	of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current I	Registered	Agent				7. Name and	Address of New	Registered	Agent	
				<u>-</u>		Name	•					
ATTAWAY, JOHN A JR 2217 HOLLINGSWORTH HILL LAKELAND, FL: 33-8035						Street Address (P.O. Box Number is Not Acceptable)						
	•											
						City				FI	Zip Cod	le l
	named entit tions of regist	ty submits this statement for tered agent.	r the purpos	e of changing its r	egistere	ed office or	registere	d agent, or boti	h, in the State of F	Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typed	or crinted name of registered agent a	and title il annilici	the (NOTE:	Registers	rd Agent signets	en movimo v	rhen minstation)		DATE		
SIGNATURE	Signature, typed	d or printed name of registered agent a	and title if applica	ible. (NOTE:	Registere	od Agent signatu	are required v	rhon reinstating)		DATE		
SIGNATURE	Filing Fe	or printed name of registered agent a ne is \$61.25 May 1, 2007	and title if applica	9. Election Cam Trust Fund Co	peign F	inancing		\$5.00 May Bo Added to Fees		Make che	ck payable t	
SIGNATURE	Filing Fe	e is \$61.25		9. Election Cam	peign F	inancing		\$5.00 May Be Added to Fees		Make cheo orida Depa	rtment of S	tate
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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 see Colembs 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 offset like propowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Udny A. Attaway, de.

1/12/2007

863.616.5701

Daytime Phone #