

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

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004212

1. Entity Name
FAMILY RELIEF FUND INCORPORATED



Principal Place of Business
**319 W. COMMERCIAL
LEBANON, MO 65536**

Mailing Address
**319 W. COMMERCIAL
LEBANON, MO 65536**



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
43-1852617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'NEILL, EDWARD
1323 DERBYSHIRE COURT
A204
NAPLES, FL 34116**

**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 September 14, 2007**

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
**PRES
RIPPY, FRANK
325 N. MONROE
LEBANON, MO 65536**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
RIPPY, SHARON
325 N. MONROE
LEBANON, MO 65536**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
HILL, DAVANA
31352 HWY BB
LEBANON, MO 65536**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000771047
08/01/07-80002-018 70.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Rippy Sharon Rippy **Vice President**
7-24-07 417-588-3122