

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90094 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |                                                                                                                        |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F03000005000</b><br>1. Entity Name<br><b>THE CAPSTONE FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                      |                                                                                                                        |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Principal Place of Business<br><b>284 ROSE ADMINISTRATION BUILDING<br/>BOX 870122<br/>TUSCALOOSA, AL 35487-0122</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      |                                                                                                                        | Mailing Address<br><b>284 ROSE ADMINISTRATION BUILDING<br/>BOX 870122<br/>TUSCALOOSA, AL 35487-0122</b> |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                              |                                                                                                         | <br><br>04102007 Chg-NP CR2E037 (12/06)                                                                                                                                                                                                                                                                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      | City & State                                                                                                           |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                                              | Zip                                                                                                                    | Country                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 4. FEI Number<br><b>23-7337238</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                        |                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |                                                                                                                        |                                                                                                         | 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                         |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |                                                                                                                        |                                                                                                         | 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                         | Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                      |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DCEO<br>WITT, ROBERT E<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 354870122 <div style="text-align: right;"><input type="checkbox"/> Delete</div>         |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                      | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T<br>GILBERT, LYNDA<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 354870122 <div style="text-align: right;"><input type="checkbox"/> Delete</div>            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                      | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>PARKER, PAM<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 354870122 <div style="text-align: right;"><input type="checkbox"/> Delete</div>               |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                      | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>HULSEY, WILLIAM<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 354870122 <div style="text-align: right;"><input type="checkbox"/> Delete</div>           |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                      | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>OLIVER, JOHN<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 354870122 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>   |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                      | D<br>ENGLAND, JOHN H<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 3587-0122 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>MIREE, KATHRYN<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 354870122 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                      | D<br>CAMPBELL, KAREN<br>284 ROSE ADMINISTRATION BUILDING<br>TUSCALOOSA, AL 35870122 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>                                                                                                                                                                                                                       |  |
| 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: <u></u> <b>LYNDA GILBERT</b> <u>4/13/07</u> <u>205-348-4520</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                      |                                                                                                                        |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |