

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90007 029 ****61.25

DOCUMENT # F03000005000 1. Entity Name THE CAPSTONE FOUNDATION, INC.					
Principal Place of Business 284 ROSE ADMINISTRATION BUILDING BOX 870122 TUSCALOOSA, AL 35487-0122			Mailing Address 284 ROSE ADMINISTRATION BUILDING BOX 870122 TUSCALOOSA, AL 35487-0122		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40047621 	
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7337238	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WITT, ROBERT E 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILBERT, LYNDIA 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, PAM 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULSEY, WILLIAM 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, JOHN 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIREE, KATHRYN 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Karen 284 Rose Administration Building Tuscaloosa, AL 35487-0122
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: _____ 3/5/08 205-348-4530 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

DOCUMENT # F03000005000

1. Entity Name
THE CAPSTONE FOUNDATION, INC.



Principal Place of Business
**284 ROSE ADMINISTRATION BUILDING
BOX 870122
TUSCALOOSA, AL 35487-0122**

Mailing Address
**284 ROSE ADMINISTRATION BUILDING
BOX 870122
TUSCALOOSA, AL 35487-0122**

DO NOT WRITE IN THIS SPACE

02292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
23-7337238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	WITT, ROBERT E
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	T
NAME	GILBERT, LYNDIA
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	D
NAME	PARKER, PAM
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	D
NAME	HULSEY, WILLIAM
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	D
NAME	OLIVER, JOHN
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	D
NAME	MIRRE, KATHRYN
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122

**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 # _____