

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

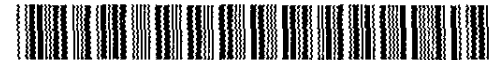
DOCUMENT # F93000001956

1. Entity Name
CHRISTOPHER EDWARDS FOUNDATION, INC.



Principal Place of Business
**1243 GERBING ROAD
FERNANDINA BEACH, FL 32304 US**

Mailing Address
**1243 GERBING ROAD
FERNANDINA BEACH, FL 32034 US**



01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-7701430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, SARA M
1243 GERBING ROAD
FERNANDINA BEACH, FL 32034**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000023328
02/02/04-80022-011 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | DCVT |
| NAME | EDWARDS, SARA M |
| STREET ADDRESS | 1243 GERBING ROAD |
| CITY- ST- ZIP | FERNANDINA BEACH, FL |
| TITLE | DCP |
| NAME | EDWARDS, THOMAS JOEL |
| STREET ADDRESS | 1243 GERBING ROAD |
| CITY- ST- ZIP | FERNANDINA BEACH, FL |
| TITLE | SD |
| NAME | JULIE TIDWELL |
| STREET ADDRESS | 1215 N. FLAT ROCK RD. |
| CITY- ST- ZIP | DOUGLESVILLE, GA |
| TITLE | MGRM |
| NAME | EDWARDS, DAVID |
| STREET ADDRESS | 1267 GERBING RD |
| CITY- ST- ZIP | AMELIA ISLAND, FL 32034 |
| TITLE | MGRM |
| NAME | EDWARDS, THOMAS M |
| STREET ADDRESS | 21 HIGH BETTERY CIRCLE |
| CITY- ST- ZIP | MOUNT PLEASANT, SC 29464 |
| TITLE | M |
| NAME | HARBIN, CATHY |
| STREET ADDRESS | 3825 LA VISTA RD UNIT Y4 |
| CITY- ST- ZIP | TUCKER, GA 30084 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sara M Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

Daytime Phone #