

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90114 029 ****61.25

DOCUMENT # N00000000579

1. Entity Name
**LESLIE AND BONNIE TRAWICK FAMILY FOUNDATION,
INC.**



Principal Place of Business
**PO BOX 280
CHIPLEY, FL 32428**

Mailing Address
**1311 PINEY GROVE ROAD
CHIPLEY, FL 32428**

50026222

2. Principal Place of Business

1311 Piney Grove Rd

3. Mailing Address

Suite, Apt. #, etc.

02042005

Chg-NP

CR2E037 (10/03)

City & State

Chipley FL

City & State

4. FEI Number

59-3621697

Applied For

Not Applicable

Zip

32428

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**TRAWICK, JAMES J
1693 HWY 277
CHIPLEY, FL 32428**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TRAWICK, JAMES L JR**
STREET ADDRESS **PO BOX 280**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** ☐ Delete
NAME **TRAWICK, EMMA**
STREET ADDRESS **PO BOX 280**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** ☐ Delete
NAME **TRAWICK, JAMES J**
STREET ADDRESS **1693 HWY 277**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** ☐ Delete
NAME **TRAWICK, KAY**
STREET ADDRESS **1693 HWY 277**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** ☐ Delete
NAME **FLOYD, JENEE T**
STREET ADDRESS **1311 PINEY GROVE RD**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** ☐ Delete
NAME **FLOYD, JON**
STREET ADDRESS **1311 PINEY GROVE RD**
CITY-ST-ZIP **CHIPLEY, FL 32428**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **1340 Piney Grove Rd**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1340 Piney Grove Rd**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05 850.638.9994