

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000579

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



Principal Place of Business Mailing Address
1311 PINEY GROVE RD **1311 PINEY GROVE ROAD**
CHIPLEY FL 32428 **CHIPLEY FL 32428**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
TRAWICK, JAMES J
1693 HWY 277
CHIPLEY FL 32428

4. FEI Number Applied For
59-3621697 Not Applicable

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

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TRAWICK, JAMES L JR			NAME			
STREET ADDRESS	1340 PINEY GROVE RD			STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL 32428			CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TRAWICK, EMMA			NAME			
STREET ADDRESS	1340 PINEY GROVE RD			STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL 32428			CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TRAWICK, JAMES J			NAME			
STREET ADDRESS	1693 HWY 277			STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL 32428			CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TRAWICK, KAY			NAME			
STREET ADDRESS	1693 HWY 277			STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL 32428			CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FLOYD, JENEE T			NAME			
STREET ADDRESS	1311 PINEY GROVE RD			STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL 32428			CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FLOYD, JON			NAME			
STREET ADDRESS	1311 PINEY GROVE RD			STREET ADDRESS			
CITY-ST-ZIP	CHIPLEY FL 32428			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____ DATE _____