


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90021 031 ****61.25

DOCUMENT # N00000000579 1. Entity Name LESLIE AND BONNIE TRAWICK FAMILY FOUNDATION, INC.					
Principal Place of Business 1311 PINEY GROVE RD CHIPLEY, FL 32428			Mailing Address 1311 PINEY GROVE ROAD CHIPLEY, FL 32428		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3621697	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Jenee T Floyd Street Address (P.O. Box Number is Not Acceptable) 1311 Piney Grove Rd City Chipley FL Zip Code 32428	
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 <i>Jenee T Floyd</i> Jenee T Floyd <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/16/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	D TRAWICK, JAMES L JR 1340 PINEY GROVE RD CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAWICK, EMMA 1340 PINEY GROVE RD CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAWICK, JAMES J 1693 HWY 277 CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 8348 CR 204 Grandview, TX 76050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAWICK, KAY 1693 HWY 277 CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 8348 CR 204 Grandview, TX 76050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, JENEE T 1311 PINEY GROVE RD CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, JON 1311 PINEY GROVE RD CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jenee T Floyd* **Jenee T. Floyd** **1/16/08** **ESD-1638-9994**