


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

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001324 1. Entity Name THE THANKSGIVING FUND, INC.	
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Principal Place of Business 1700 S MACDILL AVE STE 200 TAMPA, FL 33629	Mailing Address 1700 S MACDILL AVE STE 200 TAMPA, FL 33629
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01212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3627428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDEE, BRETT ESQ. 1700 S. MACDILL AVE., SUITE 200 TAMPA, FL 33629-5218
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000843772
03/12/08-80008-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERTRON, STEWART T 1700 S MACDILL AVE STE 200 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTRON, TAMMY B 1700 S MACDILL AVE STE 200 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HENDEE, BRETT 1700 S MACDILL AVE STE 200 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

2-26-08

Date

813-223-2424

Daytime Phone #