

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002832

1. Entity Name
THE WILLIAM AND PAULA ROGERS FOUNDATION, INC.



Principal Place of Business
17441 S.E. CONCH BAR AVE.
TEQUESTA, FL 33469 US

Mailing Address
17441 S.E. CONCH BAR AVE.
TEQUESTA, FL 33469 US

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1041678 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROGERS, WILLIAM F JR
17441 S.E. CONCH BAR AVE.
TEQUESTA, FL 33469

**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 September 12, 2008

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGERS, WILLIAM F JR 17441 S.E. CONCH BAR AVE. TEQUESTA, FL 33469 |
|--|--|

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGERS, PAULA T 17441 S.E. CONCH BAR AVE. TEQUESTA, FL 33469 |
|--|---|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRISON, LISA 17441 S.E. CONCH BAR AVE. TEQUESTA, FL 33469 |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

U00000956742
07/31/08-80002-015 61.25

**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: *X William F. Rogers Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24, 2008
Date

Daytime Phone #