

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005954

FILED
Feb 20, 2008
Secretary of State

Entity Name: THE GRIFFIN FOUNDATION, INC.

Current Principal Place of Business:

1601 GULF SHORE BLVD. N. #16
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1601 GULF SHORE BLVD. N. #16
NAPLES, FL 34102

New Mailing Address:

FEI Number: 31-1730661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFIN, JOHN F
Address: 1601 GULF SHORE BLVD # 16
City-St-Zip: NAPLES, FL 34102

Title: STD () Delete
Name: LOVETT, DANIEL C
Address: 1385 BLUE SPRUCE CT
City-St-Zip: STEAMBOAT SPRINGS, CO 80487

Title: D () Delete
Name: GRIFFIN, NANCY M
Address: 1601 GULF SHORE BLVD # 16
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: GRIFFIN, SEAN P
Address: 703 BELT ROAD # 237
City-St-Zip: AGUADILLA, PR 00603

Title: D () Delete
Name: GRIFFIN, BETH A
Address: PO BOX 9003
City-St-Zip: BROWNSVILLE, TX 78520

Title: D () Delete
Name: GRIFFIN, MARTIN P
Address: 5313 YORKTOWN ROAD
City-St-Zip: BETHESDA, MD 20816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL CLAY LOVETT

STD

02/20/2008

Electronic Signature of Signing Officer or Director

Date