

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007332

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** THE SHERMON C. BURGESS FOUNDATION, INC.

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 2801  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 4483  
JACKSONVILLE, FL 32201

**New Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 2801  
JACKSONVILLE, FL 32202

**FEI Number:** 59-3680441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NCMENAMY, WILLIAM B ESQ.  
50 NORTH LAURA STREET  
SUITE 2925  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

MCMENAMY, WILLIAM B ESQ.  
50 NORTH LAURA STREET  
SUITE 2925  
JACKSONVILLE, FL 32202 US

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: WILLIAM B. MCMENAMY

01/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BURGESS, MARGARET L  
Address: 1 INDEPENDENT DR., STE 2801  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: HOOD, MERRI BETH  
Address: 7415 SECRET WOODS DR  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: BURGESS, SHERMON C  
Address: 1 INDEPENDENT DR., STE 2801  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BURGESS, A. LYNN  
Address: 6433 ALESHEBA LANE  
City-St-Zip: SARASOTA, FL 34240

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERMON C. BURGESS

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date