

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 003 ****61.25

DOCUMENT # N000000007697

1. Entity Name

Biddix Family Charitable Foundation
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

385 East Dr.

Suite, Apt. #, etc.

3. Mailing Address

385 East Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3697136

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

32904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jon Johnson

Street Address (P.O. Box Number is Not Acceptable)

1290 Federal Highway

City

Rockledge

FL

Zip Code

32955

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Biddix, Thomas E 385 East Dr. Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCED Morrell, Jimmy 290 Sandy Run Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Morrell, Jimmy 290 Sandy Run Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ND Biddix, Patrick T 1675 Fiske Blvd A101 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Gay, Fred D 1825 W. King St. Cocoa, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Hoskinson, William T 231 Alexander Dr. Titusville, FL 32796

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 321-308-2989

Date

Daytime Phone #

CR2E037B (12/01)