


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90057 033 ****61.25

DOCUMENT # N00000008088					
1. Entity Name JUANITA GREGG FOUNDATION, INC.					
Principal Place of Business 501 LAKE SHORE DRIVE LEESBURG, FL 34748			Mailing Address 501 LAKE SHORE DRIVE LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box # 7272 A1A South		3. Mailing Address 7272 A1A South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 65-1067002	
Zip 32080		Country		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 SCEARCE, SATCHER & JUNG, P.A. 243 W. PARK AVENUE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Edward J. Emack Jr.</u> DATE: <u>2/13/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME EMACK, EDWARD JR. STREET ADDRESS 501 LAKE SHORE DRIVE CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 7272 A1A South CITY-ST-ZIP St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPSD NAME EMACK, JEANNIE STREET ADDRESS 501 LAKE SHORE DRIVE CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 7272 A1A South CITY-ST-ZIP St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BURNSED, MARK STREET ADDRESS 501 LAKE SHORE DRIVE CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 7272 A1A South CITY-ST-ZIP St. Augustine FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BURNSED, MATT STREET ADDRESS 501 LAKE SHORE DRIVE CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 7272 A1A South CITY-ST-ZIP St. Augustine FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Edward J. Emack Jr.</u> DATE: <u>2/13/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					