

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000008372

1. Entity Name
THE FIGG FOUNDATION, INC.



Principal Place of Business
227 S. CALHOUN STREET
TALLAHASSEE, FL 32301 US

Mailing Address
227 S. CALHOUN STREET
TALLAHASSEE, FL 32301 US

FILED

04 APR -5 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004

MRB

4. FEI Number
59-3687744

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
AUSLEY & MCMULLEN, P.A.
227 S CALHOUN ST
TALLAHASSEE, FL 32302

**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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME FIGG, ANN RUTH
STREET ADDRESS 410 NORTH RIDE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VTD
NAME PIERCE, ROBERT A
STREET ADDRESS 227 S CALHOUN ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE PSD
NAME MOWELL, JOHN B
STREET ADDRESS 407 E 6TH AVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700032974817
04/16/04--01064--002 **61.25

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1.04

Date

858-
425-5484

Daytime Phone #