
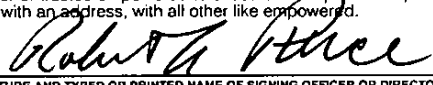


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000008372</b> 1. Entity Name <b>THE FIGG FOUNDATION, INC.</b>		
Principal Place of Business <b>227 S. CALHOUN STREET TALLAHASSEE, FL 32301 US</b>	Mailing Address <b>227 S. CALHOUN STREET TALLAHASSEE, FL 32301 US</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">             01072005 No Chg-NP      CR2E037 (10/03)           </div>		
4. FEI Number <b>59-3687744</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>PIERCE, ROBERT A AUSLEY &amp; MCMULLEN, P.A. 227 S CALHOUN ST TALLAHASSEE, FL 32302</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIGG, ANN RUTH 410 NORTH RIDE TALLAHASSEE, FL 32303</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD PIERCE, ROBERT A 227 S CALHOUN ST TALLAHASSEE, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MOWELL, JOHN B 407 E 6TH AVE TALLAHASSEE, FL 32303</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b> 		01/07/05      850.224.9115 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED  
05 JAN -7 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE



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