

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

2008 JAN 10 AM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



01082008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3687744

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 remitting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGG, ANN RUTH 410 NORTH RIDE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PIERCE, ROBERT A 227 S CALHOUN ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOWELL, JOHN B 407 E 6TH AVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2008

Date

850.224.9115

Daytime Phone #