

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N00360		
1. Entity Name ROYAL FOUNDATION, INC.		
Principal Place of Business % CHARLES F. ROYAL 802 N.W. FIRST ST SOUTH BAY, FL 33493 US		Mailing Address % CHARLES F. ROYAL 802 N.W. FIRST ST SOUTH BAY, FL 33493 US



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2363496	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROYAL, CHARLES 802 N.W. FIRST ST SOUTH BAY, FL 33493

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

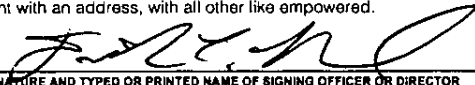
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000904986
05/01/08-80035-006 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROYAL, CHARLES F 802 N.W. FIRST ST SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYAL, STEVEN B 802 N.W. FIRST ST SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYAL, A. SCOTT B 802 N.W. FIRST ST SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYAL, DERIK C 802 N.W. FIRST ST SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

1-24-08 561-996-8080
Date Daytime Phone #