

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

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000001123

1. Entity Name
MARGARET E. DICKINS FOUNDATION, INC.



Principal Place of Business
**7504 CHESTNUT HILL DRIVE
PROSPECT, KY 40059 US**

Mailing Address
**7504 CHESTNUT HILL DRIVE
PROSPECT, KY 40059 US**



02132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1082411

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS, LAURA R
1010 MONTEREY BLVD., N.E.
ST PETERSBURG, FL 33704**

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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 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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENKINS, LAURA R
STREET ADDRESS	1010 MONTEREY BLVD., N.E.
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	D
NAME	HANLEY, NORMA D
STREET ADDRESS	7504 CHESTNUT HILL DRIVE
CITY-ST-ZIP	PROSPECT, KY 40059
TITLE	D
NAME	DECKER, MARGARET M
STREET ADDRESS	300 17TH AVENUE NE
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000831233
02/27/08-80010-004 61.25

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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: *Norma D Hanley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #