

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001213

1. Entity Name
BURTON FOUNDATION, INC.



Principal Place of Business
**1899 SYCAMORE LANE
FERNANDINA BEACH, FL 32034**

Mailing Address
**1899 SYCAMORE LANE
FERNANDINA BEACH, FL 32034**



06082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1584983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRAY, ROBERT C
1899 SYCAMORE LANE
FERNANDINA BEACH, FL 32034**

**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 September 7, 2005**

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 GRAY, R.C. 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALL, E.D. 2731 WEAVER HILL DRIVE APEX, NC 27502
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAY, J.M. 730 STONEGATE DR. WEXFORD, PA 15090
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAY, D.A. RT.1 - BOX 115 COWETA, OK 74429
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GRAY, G.S. 6700 ACORN DRIVE OKLAHOMA CITY, OK 73151
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRAY, B.S. 6700 ACORN DRIVE OKLAHOMA CITY, OK 73151
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07/06/05-80003-004 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 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

6/8/05 405 7555571
Date Daytime Phone #