2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N01000003240

1. Entity Name
THE BILL AND MARTHA PULLUM FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
8494 NAVARRE PKWY. NAVARRE, FL 32566	8494 NAVARRE PKWY. NAVARRE, FL 32566

04032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
31-1774230
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PULLUM, WILLIAM A
8494 NAVARRE PKWY/
NAVARRE, FL 32566

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

U00000888827
04/22/08-80033-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PULLUM, WILLIAM A
STREET ADDRESS	8494 NAVARRE PKWY.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	PULLUM, BART R
STREET ADDRESS	8494 NAVARRE PKWY.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	PULLUM, MARTHA S
STREET ADDRESS	8494 NAVARRE PKWY.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	PULLUM, REBECCA A
STREET ADDRESS	8494 NAVARRE PKWY.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	STUCKEY, BRIAN
STREET ADDRESS	8494 NAVARRE PKWY.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	STUCKEY, PAULA L
STREET ADDRESS	8494 NAVARRE PKWY.
CITY-ST-ZIP	NAVARRE, FL 32566

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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: William A. Pullum, Pres., 4/7/08 850-939-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #