

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008492

FILED
Mar 13, 2008
Secretary of State

Entity Name: FLORIDA FORESIGHT, INC.

Current Principal Place of Business:

1327 COASTAL HIGHWAY
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

PO BOX 896
PANACEA, FL 32346

New Mailing Address:

FEI Number: 80-0002371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWRIE, THEODORE W
175 GERTIE BROWN ROAD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PORTWOOD, PAM
Address: 1184 LOWER BRIDGE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: CARROLL, IVANHOE
Address: 50 SIMMONS COURT
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: SECR () Delete
Name: JOHNSON, PAUL
Address: 537 HICKORYWOOD DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TREA () Delete
Name: TURNER, SUSAN PAYNE
Address: 2932 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: LESH, DONALD R
Address: 2489 SURF ROAD
City-St-Zip: OCHLOCKONEE BAY, FL 32358

Title: D () Delete
Name: DELANEY, MICHAEL W
Address: 23 KNOTTY PINE
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM PORTWOOD

PRES

03/13/2008

Electronic Signature of Signing Officer or Director

Date