

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008771

1. Entity Name
O'NEILL FAMILY CHARITABLE FOUNDATION, INC.



Principal Place of Business
**34 BOTANY LN
PALM COAST, FL 32134**

Mailing Address
**34 BOTANY LN
PALM COAST, FL 32134**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
22-3851081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R
225 WATER ST., STE. 900
JACKSONVILLE, FL 32202**

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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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'NEILL, JOHN
STREET ADDRESS	17 BECKER LN.
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	D
NAME	O'NEILL, PATRICIA
STREET ADDRESS	17 BECKER LN.
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	D
NAME	BENISCHECK, FRANK J
STREET ADDRESS	100 SOUTHPARK BLVD., STE. 307
CITY - ST - ZIP	ST. AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/22/07-80021-004 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: *John J. Crawford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07
Date

386-447-0564
Daytime Phone #