

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90054 018 ****70.00

DOCUMENT # N01776 1. Entity Name ROBERT B. RAGLAND FOUNDATION, INC.					
Principal Place of Business 3575 OAK STREET JACKSONVILLE, FL 32205 US			Mailing Address 3575 OAK STREET JACKSONVILLE, FL 32205 US		
2. Principal Place of Business 4209 Buckland Tr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 315 Suite, Apt. #, etc.			
City & State Greenwood, Florida Zip 32443		City & State Greenwood Fla. Zip 32443		4. FEI Number 59-2426608	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAGLAND, ROBERT B 3575 OAK STREET JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name C. Chadwick Taylor Street Address (P.O. Box Number is Not Acceptable) 4209 Buckland Trail City Greenwood FL Zip Code 32443		
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 <u>C. Chadwick Taylor</u> C. Chadwick Taylor member Board of Directors Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE 8-16-04					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RAGLAND, ROBERT B. 3575 OAK ST JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JULIAN, MARGARET H 2738 ARAPAHOE AVE TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, C. CHADWICK 4226 BUCKLAND TRAIL/P.O. BOX 315 GREENWOOD, FL 32443	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLAYSON, JOHN RT. 2, BOX 120 GREENVILLE, FL 32331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>C. Chadwick Taylor</u> C. Chadwick Taylor 8-16-04 8:50 / 594-7951 Signature and typed or printed name of signing officer or director Date Daytime Phone #					