


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90095 027 ***158.75

DOCUMENT # N01776	
1. Entity Name ROBERT B. RAGLAND FOUNDATION, INC.	

Principal Place of Business 4209 BUCKLAND TR GREENWOOD, FL 32443 US	Mailing Address PO BOX 315 GREENWOOD, FL 32443 US
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2426608	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, CHADWICK C 4209 BUCKLAND TRL GREENWOOD, FL 32443

**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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RAGLAND, ROBERT B. 3575 OAK ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JULIAN, MARGARET H 2738 ARAPAHOE AVE TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, C. CHADWICK 4226 BUCKLAND TRAIL/P.O. BOX 315 GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLAYSON, JOHN RT. 2, BOX 120 GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *C. Chadwick Taylor* *Chadwick Taylor* 4/28/05 889 / 594-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #