

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

**FILED  
Jan 22, 2007  
Secretary of State**

DOCUMENT# N02000002778

Entity Name: THE FLORIDA FUND FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 10775  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

106 E. COLLEGE AVE  
SUITE 640  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

106 E. COLLEGE AVE.  
SUITE 640  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 52-2366627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARKEY, JEFFREY  
106 E. COLLEGE AVE., SUITE 640  
TALLAHASSEE, FL 32301      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: SD      ( ) Delete  
Name: KROG, JIM  
Address: 215 S. MONROE ST., SUITE 601  
City-St-Zip: TALLAHASSEE, FL 323011804

Title: TD      ( ) Delete  
Name: RAYNOR, MICHAEL  
Address: 150 S. MONROE ST., SUITE 800  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: REILLY, CURT  
Address: 150 S. MONROE ST., SUITE 400  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM KROG

SD

01/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date