2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005119

1. Entity Name
THE THORNTON & MAUD UTZ CHARTIABLE FOUNDATION, INC.

Principal Place of Business
46 N. WASHINGTON BLVD.
SUITE 25A
SARASOTA, FL 34236

Mailing Address
46 N. WASHINGTON BLVD.
SUITE 25A
SARASOTA, FL 34236

01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2086745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORAN, PAUL A
46 N. WASHINGTON BLVD.
SUITE 25A
SARASOTA, FL 34236

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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HADLEY, WARREN
STREET ADDRESS	92 FOREST ST
CITY-ST-ZIP	DUXBUR, MA 02332
TITLE	D
NAME	TYLER, PAT
STREET ADDRESS	2202 CASEY KEY
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	LUDDEN, JOHN
STREET ADDRESS	2929 BEE RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	MORAN, PAUL A
STREET ADDRESS	46 N. WASHINGTON BLVD. #25A
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000774426
01/07/08-80014-003 61.25

DO NOT WRITE 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: Paul A M Dir. 1/4/08 941-955-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #