2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90091 003 ****61.25

40100747

DOCUMENT # N02000005586

1. Entity Name
THE ART AND PHYLLIS GRINDLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
830 MIAMI SPRINGS DR LONGWOOD, FL 32779	830 MIAMI SPRINGS DR LONGWOOD, FL 32779

04282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5341 Maxon Terrace	5341 Maxon Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, FL	City & State: Sanford, FL
Zip: 32771 Country: Seminole	Zip: 32771 Country: Seminole

4. FEI Number 51-0416857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRINDLE, ARTHUR E 764 PARKSIDE POINTE BLVD APOPKA, FL 32712	Name Street Address (P.O. Box Number is Not Acceptable): 223 Trafford Ave. City: Orange City FL Zip Code: 32763

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

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	PSRD GRINDLE, ARTHUR E 764 PARKSIDE POINTE BLVD APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 223 Trafford Ave. Orange City, FL 32763
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRINDLE, ARTHUR E JR. 9951 SKYLARK LANE GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMSON, KATHRYN G 830 MIAMI SPRINGS ROAD LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 511 South Crete Court Punta Gorda, FL 33950
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIODI, GALE GRINDLE P.O. BOX 737 TANGERINE, FL 32777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANSING, CHARLIE 160 HATTAWAY DR ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Elizabeth A. Grindle 5341 Maxon Terrace Sanford, FL 32771 ☐ Change ☒ Addition

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: ✓ [signature] Pres. 4-30-07 407-330-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #