
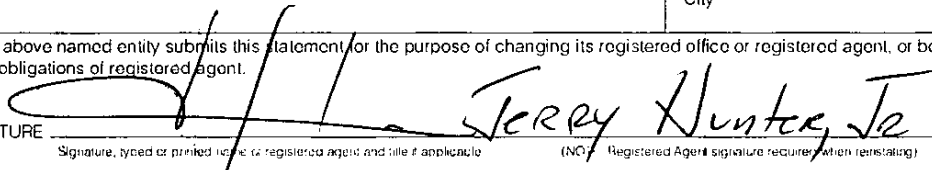


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90046 018 ****61.25

DOCUMENT # N02000009041			
1. Entity Name SHERRY RENEE HUNTER FOUNDATION INCORPORATED			
Principal Place of Business 1822 SAINT CATHERINE AVE PENSACOLA FL 32501-1046		Mailing Address 1822 SAINT CATHERINE AVE PENSACOLA FL 32501-1046	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1700 FIREMAN DRIVE Suite, Apt. #, etc.	
City & State Zip Country		City & State Pensacola FL Zip 32505 Country USA	
6. Name and Address of Current Registered Agent HUNTER, JERRY JR 1822 SAINT CATHERINE AVE PENSACOLA FL 32501-1046		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Jerry Hunter Jr Feb 4, 2007 Signature, typed or printed name (a registered agent and title if applicable) (NO Registered Agent signature required when re-registering) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			



1st MOORE CR2E037 (10/06)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HUNTER, LESLIE MARIE 1205 NORTH "F" STREET PENSACOLA FL 32501 <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 DAVIS, ERICKA D 1205 NORTH "F" STREET PENSACOLA FL 32501 <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 HUNTER, JACQUELINE 1822 SAINT CATHERINE AVE PENSACOLA FL 32501-1046 <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 HUNTER, REV. JERRY JR 1822 ST. CATHERINE AVENUE PENSACOLA FL 32501-1046 <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	P YOUNG, CAROL A 19 NOTTINGHAM WAY PENSACOLA FL 32506 <input checked="" 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 BRAZIL, FRENCHIE G 4600 TWIN OAKS DRIVE APT 807 PENSACOLA FL 32506 <input checked="" 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 exemptions contained in Section 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:  **Jerry Hunter Jr** **Feb 4, 2007** **850 438-3125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #