

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90031 032 ****61.25

DOCUMENT # N02000009077

1. Entity Name
BLACK DIAMOND FOUNDATION, INC.



Principal Place of Business
**2600 WEST BLACK DIAMOND CIRCLE
LECANTO, FL 34461**

Mailing Address
**2600 WEST BLACK DIAMOND CIRCLE
LECANTO, FL 34461**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
13-4211621

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JOINES, JAMES J
3754 W BLACK DIAMOND CIRCLE
LECANTO, FL 34461**

Name **JOINES, BILL**

Street Address (P.O. Box Number is Not Acceptable)

3549 W. BLACK DIAMOND CIRCLE

City **LECANTO**

FL

Zip Code
34461

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

BILL JOINES

Bill Joines

3-3-08

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BRILEY, JIM | |
| STREET ADDRESS | 3093 W BERMUDA DUNES DR | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURNS, DAVID | |
| STREET ADDRESS | 3409 N HAMMOCK DUNES VILLAGE POINT | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CONWAY, KEVIN | |
| STREET ADDRESS | 3710 N BALTUSROL PATH | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | YOUELL, LINDA | |
| STREET ADDRESS | 3222 N CAVES VALLEY PATH | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COOGLER, AL | |
| STREET ADDRESS | 2898 W CROOKED STICK CT | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | JOINES, JAMES J | |
| STREET ADDRESS | 3754 W BLACK DIAMOND CIRCLE | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |

| | | |
|----------------|------------------------------|--|
| TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOINES, BILL | |
| STREET ADDRESS | 3549 W. BLACK DIAMOND CIRCLE | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANAFORT, NANCY | |
| STREET ADDRESS | 3644 N. BALTUSROL PATH | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THOMAS, ART | |
| STREET ADDRESS | 2652 N. PRESTWICK WAY | |
| CITY-ST-ZIP | LECANTO, FL 34461 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

SEE ATTACHED SCHEDULE

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:

James W. Briley

JAMES W. BRILEY, TREASURER

3/3/08 (352) 527-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40038843

#N02000009077

Supplemental Schedule

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

BLACK DIAMOND FOUNDATION, INC. (13-4211621)

DOCUMENT # N02000009077

LINE 10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| Title | D | <input checked="" type="checkbox"/> Delete |
| Name | Beasley, Lloyd | |
| Street Address | 3254 N. Spyglass Village Path | |
| City-St-Zip | Lecanto, FL 34461 | |
| Title | D | <input checked="" type="checkbox"/> Delete |
| Name | Plaisted, Bob | |
| Street Address | 920 Zephyr Street | |
| City-St-Zip | Inverness, FL 34450 | |
| Title | D | <input type="checkbox"/> Delete |
| Name | Rosenberg, Sharron | |
| Street Address | 3240 W. Castle Pines Loop | |
| City-St-Zip | Lecanto, FL 34461 | |
| Title | D | <input type="checkbox"/> Delete |
| Name | Wood, Jim | |
| Street Address | 3905 W. Shadow Creek Loop | |
| City-St-Zip | Lecanto, FL 34461 | |