

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N03000005171

1. Entity Name

FLORIDA HOMETOWN DEMOCRACY, INC.



Principal Place of Business

123 AUSTRALIAN AVE.
PALM BEACH, FL 33480

Mailing Address

123 AUSTRALIAN AVE.
PALM BEACH, FL 33480



02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number

57-1171934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLACKNER, LESLEY G
123 AUSTRALIAN AVE.
PALM BEACH, FL 33480

**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 PD
NAME BLACKNER, LESLEY G
STREET ADDRESS 123 AUSTRALIAN AVE.
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VD
NAME BURNAMAN, ROSS S
STREET ADDRESS 1018 HOLLAND DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE T
NAME WINCHESTER, PAMELA
STREET ADDRESS 123 AUSTRALIAN AVE.
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000848600
03/20/08-80022-017 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/08 561-654-5754