

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP -7 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009790

1. Entity Name
FLORIDA EAGLE NEST FOUNDATION, INC.



Principal Place of Business
501 E COLLEGE AVE
TALLAHASSEE, FL 32301

Mailing Address
501 E COLLEGE AVE
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0401249

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

GRIFFIN, CAROLE
501 E COLLEGE AVE
TALLAHASSEE, FL 32301

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

Carole Griffin

Sept 6, 05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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 P ☐ Delete
NAME GRIFFIN, CAROLE
STREET ADDRESS 2601 KILLEARNEY WAY
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MERRIT, ELAINE
STREET ADDRESS 276 TIMBERLANE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME MERRITT, ELAINE
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MERRITT, KATOR
STREET ADDRESS 276 TIMBERLANE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COWIN, ANNA
STREET ADDRESS 2913 PORTO BELLO AVE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ENWALL, PETER
STREET ADDRESS 926 NW 13TH ST
CITY-ST-ZIP GAINESVILLE, FL 32635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PRYOR, NELSON 3 15 E PI
STREET ADDRESS NCKNEY ST APT 7
CITY-ST-ZIP MADISON, FL 32340

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Carole Griffin

Sept 6, 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel SEP - 8 2005