

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N03000010164

1. Entity Name
FOUNDATION FOR PRESERVING FLORIDA'S FUTURE,
INC.



Principal Place of Business
1531 LIVE OAK DRIVE
TALLAHASSEE, FL 32308

Mailing Address
1531 LIVE OAK DRIVE
TALLAHASSEE, FL 32308



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-0410069

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

FRENCH, JOHN
1531 LIVE OAK DRIVE
TALLAHASSEE, FL 32308

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRENCH, JOHN
STREET ADDRESS 1531 LIVE OAK DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE STD
NAME BERTSCH, JENNIFER
STREET ADDRESS 4743 STONEY TRACE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D
NAME LOZANO, LUARA GAYLE
STREET ADDRESS 3224 SHAMROCK EAST
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000757901
05/23/07-80092-001 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

John French

4-26-07

Date

850-224-2549

Daytime Phone #