

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001594

FILED
Jan 03, 2007
Secretary of State

Entity Name: FORD FAMILY AND WELFARE ASSOCIATION, CORP

Current Principal Place of Business:

12739 CARON DR
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

12739 CARON DR
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3262251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, OZELL
12739 CARON DR
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORD, OZELL
Address: 12739 CARON DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: NELSON, JIMMY JR
Address: 631 BLENHEIM LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: FORD, ROBERT I
Address: 2783 RIVER OAK DR
City-St-Zip: ORANGE PARK, FL 32703

Title: S () Delete
Name: GILES, VERONICA
Address: 2017 DISCOVERY CIR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: BROWN, SHELLIE
Address: 1621 WASHINGTON DR
City-St-Zip: FAIRBANKS, AK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FORD, ROBERT I
Address: 8896 135TH LOOP
City-St-Zip: LIVE OAK, FL 32060

Title: S (X) Change () Addition
Name: GILES, VERONICA L
Address: 2017 DISCOVERY CIR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OZELL FORD

D

01/03/2007

Electronic Signature of Signing Officer or Director

Date