

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002077

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** BLACKTHORN MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

7144 20TH ST. NORTH  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

7144 20TH ST. NORTH  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHASSEREAU, JOHN L JR.  
7144 20TH ST. NORTH  
ST. PETERSBURG, FL 33702 US

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: YAWN, ROY  
Address: 7670 85TH LANE  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: CHASSEREAU, JOHN L JR.  
Address: 7144 20TH ST. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: NICKLAY, CHERYL  
Address: 31815 W. CHICAGO  
City-St-Zip: LIVONIA, MI 48150

Title: D ( ) Delete  
Name: PROSKO, MOLLY  
Address: 11423 STATE HWY. 213  
City-St-Zip: TORONTO, OH 43964

Title: D ( ) Delete  
Name: ROVOLIS, JAMES T  
Address: 606 WANDO ST.  
City-St-Zip: COLUMBIA, SC 29205

Title: D ( ) Delete  
Name: WILSON, FRANCIS R  
Address: 1875 69TH AVE. ORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN L CHASSEREAU, JR.

PRES

07/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date