

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 06, 2008  
Secretary of State

DOCUMENT# N04000006140

Entity Name: FULGHAM/FULGHUM NATIONAL FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2970 ST JOHNS AVE #12G  
JACKSONVILLE, FL 322058729

**New Principal Place of Business:**

**Current Mailing Address:**

2970 ST JOHNS AVE #12G  
JACKSONVILLE, FL 322058729

**New Mailing Address:**

FEI Number: 36-4559360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

WOOD, PEGGY F  
2970 ST JOHNS AVE #12G  
JACKSONVILLE, FL 322058729 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: DC      ( ) Delete  
Name: FULGHAM, JAMES T  
Address: 122 MONTEREY STREET  
City-St-Zip: NEW IBERIA, LA 705631322

Title: DV      ( ) Delete  
Name: FULGHUM, O. THOMAS  
Address: 3337 WATSON WAY  
City-St-Zip: AUGUSTA, GA 309094527

Title: P      ( ) Delete  
Name: FULGHAM, EUGENE F  
Address: 4526 HARBOUR NORTH CT  
City-St-Zip: JACKSONVILLE, FL 322251079

Title: V      ( ) Delete  
Name: FULGHUM, PETER C  
Address: 13007 STILL MEADOW RD  
City-St-Zip: SMITHSBURG, MD 217831322

Title: ST      ( ) Delete  
Name: WOOD, PEGGY F  
Address: 2970 ST JOHNS AVE #12G  
City-St-Zip: JACKSONVILLE, FL 322058729

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

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

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

Title: P      (X) Change ( ) Addition  
Name: MILLS, JAMES F  
Address: 3219 LAKE FOREST DRIVE  
City-St-Zip: AUGUSTA, GA 309093030

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: JAMES F. MILLS

P

05/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date