

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 031 ****61.25

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1. Entity Name
**ELIJAH GAINEY & ELIZABETH BUTLER GAINEY
STUDENT FUND FOUNDATION INC.**



Principal Place of Business
**P.O. BOX 14846
JACKSONVILLE, FL 32238**

Mailing Address
**P.O. BOX 14846
JACKSONVILLE, FL 32238**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
03-0546726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANKERSON, CHERYL
5015 CHADROE ROAD
JACKSONVILLE, FL 32210**

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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 re-registering)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HANKERSON, CHERYL
5015 CHADROE ROAD
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SIMMONS, GWENDOLYN
119 N. LANVALE AVENUE
DAYTONA, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Cheryl Hankerson
Cheryl Hankerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

904-233-2807

Daytime Phone #