


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # N04928


1. Entity Name
J. BEN WATKINS PRIVATE FOUNDATION, INC.



Principal Place of Business
**564 RHODEN COVE RD
 TALLAHASSEE, FL 32312**

Mailing Address
**564 RHODEN COVE RD
 TALLAHASSEE, FL 32312**

DO NOT WRITE IN THIS SPACE



05142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2449847	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WATKINS, III, J BEN
 564 RHODEN COVE
 TALLAHASSEE, FL 32312**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000003764550
 05/30/07-80087-002 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WATKINS, III, J BEN 564 RHODEN COVE RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JR, JOHN 107 AVENUE B APALACHICOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, CLIFF % GULF ST.BANK,73 AVE.E APALACHICOLA, FL
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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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:  **J BEN WATKINS III, CHAIRMAN** 5/14/07
Signature and typed or printed name of signing officer or director Date Daytime Phone #