

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Aug 29, 2008 08:00 AM
Secretary of State



08282008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2449847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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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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 renewing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000958646
08/29/08-80006-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WATKINS, III, J BEN
STREET ADDRESS	564 RHODEN COVE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	JAMES, JR, JOHN
STREET ADDRESS	107 AVENUE B
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	D
NAME	BUTLER, CLIFF
STREET ADDRESS	% GULF ST.BANK,73 AVE.E
CITY-ST-ZIP	APALACHICOLA, FL
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #