

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000424

1. Entity Name
MICHAEL H. MINGER MEMORIAL FOUNDATION, INC.



Principal Place of Business
**1350 EAST JOHN SIMS PARKWAY
NICEVILLE, FL**

Mailing Address
**1350 EAST JOHN SIMS PARKWAY
NICEVILLE, FL**



02122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1273212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MINGLER, GAIL L
1350 E. JOHN SIMS PKWY.
NICEVILLE, FL 32578**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**PD
MINGLER, GAIL L
1350 EAST JOHN SIMS PARKWAY
NICEVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MINGLER, JOHN
1350 EAST JOHN SIMS PARKWAY
NICEVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MINGLER, MELISSA FAYE
761 SHELL SAND CIRCLE
CHARLESTON, SC 29412**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000646400
03/06/07-80030-014 61.25

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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

JOHN W. MINGER JR

2/14/07

Date

850-240-516

Daytime Phone #