2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004103

1. Entity Name
HJ LITTLEJOHN FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
165 TURNBERRY AVENUE NEW SMYRN BEACH, FL 32168	165 TURNBERRY AVENUE NEW SMYRN BEACH, FL 32168

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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1254588
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLEJOHN, HOWARD
165 TURNBERRY AVENUE
NEW SMYRN BEACH, FL 32168

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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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LITTLEJOHN, HOWARD
STREET ADDRESS	165 TURNBERRY AVENUE
CITY-ST-ZIP	NEW SMYRN BEACH, FL 32168
TITLE	D
NAME	STARK, CHARLES H
STREET ADDRESS	986 DOUGLAS AVENUE SUITE 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	LITTLEJOHN, JULIA
STREET ADDRESS	165 TURNBERRY AVENUE
CITY-ST-ZIP	NEW SMYRN BEACH, FL 32168
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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01/15/08-80018-001 61.25

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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: Howard Littlejohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #