

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004595

FILED
Apr 12, 2007
Secretary of State

Entity Name: ARTIS TATE FOUNDATION, INCORPORATED

Current Principal Place of Business:

3030 SOUTH CEDAR ST.
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

3030 SOUTH CEDAR ST.
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 20-3293450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, GWENDOLYN
879 CHAMBERLAIN BOULEVARD
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTERSON, GWENDOLYN
Address: 879 CHAMBERLIAN BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: THOMAS, DEBRA
Address: 727 CHAMBERLIAN BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: REVELL, CONSTANCE
Address: 322 S. 10TH AVE.
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: CLARK, BELINDA R
Address: 675 CHAMBERLAIN BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: VT () Delete
Name: PATTERSON, GEORGE
Address: 879 CHAMBERLAIN BLVD.
City-St-Zip: WAUCHULA, FL 33873

Title: S () Delete
Name: SNELLING, LISA
Address: 875 CHAMBERLAIN BLVD.
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN PATTERSON

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date