


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 012 ****70.00

DOCUMENT # N05000005378 1. Entity Name SEALYHAMS FOREVER FOUNDATION, INC.					
Principal Place of Business 415 MOUNTAIN DR STE 3 DESTIN, FL 32541			Mailing Address 415 MOUNTAIN DR STE 3 DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 26 ACADEMY Suite, Apt. #, etc.		3. Mailing Address 26 ACADEMY ST. Suite, Apt. #, etc.			
City & State ALBION, PA Zip 16401		City & State ALBION, PA Zip 16401		4. FEI Number 20-3560714 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSLEY, ANDREA D 415 MOUNTAIN DR STE 3 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>ANDREA ANSLEY</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> CARMANY, BARBARA <input type="checkbox"/> Delete P.O. BOX 76 SHARON CENTER, OH 442740076	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> VP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> METZELTHIN, MARIANNE <input type="checkbox"/> Delete 5611 S WESTERN BROOKLINE, MO 65619	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> P <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> JOHNSTON, MARIE <input type="checkbox"/> Delete 5340 HOLMES RUN PKWY #104 ALEXANDER, VA 22304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> S <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> BROWN, FRANDEL <input type="checkbox"/> Delete 947 N CITADEL CLOVIS, CA 936119493	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> MILLER, JERRY <input type="checkbox"/> Delete 91 BAYWINDS DR DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> DIANA M. PERRY <input type="checkbox"/> Change <input type="checkbox"/> Addition 26 ACADEMY ST. ALBION, PA 16401		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Diana M. Perry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 4-11-08 814-756-4589 </div> <small>Date Daytime Phone #</small>		