

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006425

1. Entity Name
J C FOUNDATION, INC.



Principal Place of Business
**2 BANCHORY COURT
PALM BEACH GARDENS, FL 33418**

Mailing Address
**2 BANCHORY COURT
PALM BEACH GARDENS, FL 33418**



02262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1489700

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAUDILL, RICHARD W
2 BANCHORY COURT
PALM BEACH GARDENS, FL 33418**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000842916
03/11/08-80049-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAUDILL, RICHARD W
STREET ADDRESS	2 BANCHORY COURT
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418
TITLE	STD
NAME	CAUDILL, LORETTA D
STREET ADDRESS	2 BANCHORY COURT
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VD
NAME	HADAWAY, PHYLLIS G
STREET ADDRESS	9530 ROD ROAD
CITY- ST- ZIP	ALPHARETTA, GA 30022
TITLE	VD
NAME	CAUDILL, MICHAEL S
STREET ADDRESS	1444 HERSCHEL AVE.
CITY- ST- ZIP	CINCINNATI, OH 45208
TITLE	VD
NAME	DYER, KAREN A
STREET ADDRESS	1013 BRYN MAWR ST.
CITY- ST- ZIP	ORLANDO, FL 32804
TITLE	VD
NAME	CAUDILL, RICHARD J
STREET ADDRESS	7960 HAMPTON PARK BLVD.EAST
CITY- ST- ZIP	JACKSONVILLE, FL 32256

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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

2-26-08

Date

(561) 622-5407

Daytime Phone #