

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008327

FILED  
May 22, 2007  
Secretary of State

Entity Name: JOSH GILES FOUNDATION, INC.

## Current Principal Place of Business:

924 HILLGROVE LN.  
AUBURNDALE, FL 33823

## New Principal Place of Business:

## Current Mailing Address:

924 HILLGROVE LN.  
AUBURNDALE, FL 33823

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GILES, CYNTHIA  
924 HILLGROVE LN.  
AUBURNDALE, FL 33823 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: D ( ) Delete  
Name: GILES, CYNTHIA  
Address: 924 HILLGROVE LN.  
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete  
Name: SMITH, ARCHIE  
Address: 5327 LAKE LUTHER RD  
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Delete  
Name: CURRY, SUZANNE  
Address: 336 SAND PINE TRAIL  
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete  
Name: HAMMERBERG, EDWARD  
Address: 1019 EUCLID AVE  
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete  
Name: TINSLEY, GEORGE  
Address: 2705 COUNTRY CLUB RD NORTH  
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete  
Name: ROSS, BART  
Address: 3730 CLEVELAND HEIGHTS BLVD  
City-St-Zip: LAKELAND, FL 33803

## 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  
Name:  
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 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: CYNTHIA GILES

D

05/22/2007

Electronic Signature of Signing Officer or Director

Date