

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

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 006 ****61.25

DOCUMENT # N05000008327



1. Entity Name
JOSH GILES FOUNDATION, INC.

Principal Place of Business
**924 HILLGROVE LN.
AUBURNDALE, FL 33823**

Mailing Address
**924 HILLGROVE LN.
AUBURNDALE, FL 33823**

DO NOT WRITE IN THIS SPACE



05052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3338053	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GILES, CYNTHIA
924 HILLGROVE LN.
AUBURNDALE, FL 33823**

**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 *Cynthia Giles*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-08

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election to Assign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILES, CYNTHIA 924 HILLGROVE LN. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ARCHIE 5327 LAKE LUTHER RD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURRY, SUZANNE 336 SAND PINE TRAIL WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMMERBERG, EDWARD 1019 EUCLID AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINSLEY, GEORGE 2705 COUNTRY CLUB RD NORTH WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, BART 3730 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803

**DO NOT WRITE
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

Date

Daytime Phone #

Cynthia S. Giles

5-1-08

863-289-6246