

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

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000009468**



1. Entity Name  
**THE JIM TOM AND CONNIE BELLE BUTLER  
CHARITABLE FOUNDATION, INC.**

Principal Place of Business  
**702 A GRAND MARINER  
DESTIN, FL 32541**

Mailing Address  
**702 A GRAND MARINER  
DESTIN, FL 32541**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3463853**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUTLER, JIM T  
702 A GRAND MARINER  
DESTIN, FL 32541**

**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 reappointing)

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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BUTLER, JIM T
STREET ADDRESS	702 A GRAND MARINER
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VP
NAME	BUTLER, CONNIE B
STREET ADDRESS	702 A GRAND MARINER
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SEC
NAME	BUTLER, JIM T
STREET ADDRESS	702 A GRAND MARINER
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	TRE
NAME	BUTLER, CONNIE B
STREET ADDRESS	702 A GRAND MARINER
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000781154  
01/15/08-80018-024 61.25

**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:**

*Connie Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08

Date

870-935-1091

Daytime Phone #