

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90013 012 \*\*\*\*61.25

**DOCUMENT # N05000009716**



1. Entity Name  
**CANONGATE TRUST, INC.**

Principal Place of Business Mailing Address  
~~109 MAGNOLIA STREET~~ *1391 Timberlane Rd* **1391 TIMBERLANE RD**  
**NEPTUNE BEACH, FL 32266** **TALLAHASSEE, FL 32312**  
*Tallahassee, FL 32312*



03132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-3572089** Applied For  
Not Applicable

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

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

**FITZGERALD, SAMANTHA J ESQ**  
**100 SOUTHEAST THIRD AVENUE**  
**SUITE 1100**  
**FORT LAUDERDALE, FL 33394**

**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 *Raymond B. Vicker*

*4-17-08*

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 ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	<del>D</del>
NAME	<del>ROBERTSON, CHARLES</del>
STREET ADDRESS	<del>109 MAGNOLIA STREET</del>
CITY-ST-ZIP	<del>NEPTUNE BEACH, FL 32266</del>
TITLE	D
NAME	DUGGAR, ED
STREET ADDRESS	<del>109 MAGNOLIA STREET</del> <i>1391 Timberlane Rd</i>
CITY-ST-ZIP	<del>NEPTUNE BEACH, FL 32266</del> <i>Tallahassee, FL 32312</i>
TITLE	D
NAME	VICKERS, RAYMOND B
STREET ADDRESS	<del>109 MAGNOLIA STREET</del> <i>3010 McCollie Ave</i>
CITY-ST-ZIP	<del>NEPTUNE BEACH, FL 32266</del> <i>Anchorage, AK 99517</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Raymond B. Vicker, director*

*4-17-08*