

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90027 043 ****61.25

DOCUMENT # N05000011895 1. Entity Name THE FRED O. FUNKHOUSER CHARITABLE FOUNDATION, INC.					
Principal Place of Business 7508 HAWKS LANDING DR WEST PALM BEACH, FL 33412			Mailing Address 10130 NORTH LAKE BLVD STE 214-120 WEST PALM BEACH, FL 33412		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 10130 Northlake Blvd. Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-6243936	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCAGLIONE, JANICE F 7508 HAWKS LANDING DR WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCAGLIONE, JANICE F <input type="checkbox"/> Delete 7508 HAWKS LANDING DR WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RHODES, CHRISTOPHER S <input type="checkbox"/> Delete 6568 MARISSA CIR LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RHODES, KENNETH A <input type="checkbox"/> Delete 6910 BIG PINE KEY ST LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUFFMAN, KIMERA <input type="checkbox"/> Delete 2488 APPLE B LANE HARRISONBURG, VA 22802		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FUNKHOUSER, KELLI V <input type="checkbox"/> Delete 3211 5TH AVE 306 SAN DIEGO, CA 92103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3887 Pell Place #314 San Diego CA 92130	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Janice F Scaglione</u> <u>Janice F. Scaglione</u> <u>3/24/08</u> <u>561-624-2513</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					