


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004651	
1. Entity Name ADAMS CHARITABLE FOUNDATION, INC.	

Principal Place of Business 3020 SOUTH FLORIDA AVENUE STE 101 LAKELAND, FL 33803	Mailing Address 3020 SOUTH FLORIDA AVENUE STE 101 LAKELAND, FL 33803
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4877020	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000880355
04/15/08-80057-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, ROBERT J 3020 SOUTH FLORIDA AVENUE #101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, D. JOEL 3020 SOUTH FLORIDA AVENUE #101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHIROY, KEVIN A 250 AVE K SW, SUITE 100 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, ALBERT B 250 AVE K SW, SUITE 100 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, STEVEN L 250 AVE K SW, SUITE 100 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

4/1/08 (863)619-7103
Date Daytime Phone #