

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

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000008922

1. Entity Name
CASH FAMILY FOUNDATION, INC.



Principal Place of Business
**1621 LAUREL ROAD
WINTER PARK, FL 32789**

Mailing Address
**1621 LAUREL ROAD
WINTER PARK, FL 32789**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STARK, CHARLES H
986 DOUGLAS AVENUE, SUITE 100
ALTAMONTE SPRINGS, FL 32714**

**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 reinstating)

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	D
NAME	CASH, JR., JOHN T
STREET ADDRESS	1621 LAUREL ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	CASH, ANNA F
STREET ADDRESS	1621 LAUREL ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	STARK, CHARLES H
STREET ADDRESS	986 DOUGLAS AVENUE, SUITE 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

U000000779596
01/11/08-80042-016 150.00

**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

1-8-08

Date

407.896.8880

Daytime Phone #

John T. Cash, Jr.