

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009346

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CHARTRAND FOUNDATION, INC.

**Current Principal Place of Business:**

2038 GILMORE ST.  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2038 GILMORE ST.  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 20-5440166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLANAGAN, TIMOTHY L.  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHARTRAND, GARY R.  
Address: 2038 GILMORE ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: CHARTRAND, NANCY J.  
Address: 2038 GILMORE ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: CHARTRAND, JEFFREY  
Address: 2038 GILMORE ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: CHARTRAND, MEREDITH  
Address: 2038 GILMORE ST.  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R. CHARTRAND

D

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date