

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 FEB -6 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010783

1. Entity Name  
CLARENCE AND MAXINE OWENS FOUNDATION FOR  
RESOURCE INITIATIVES, INC.



Principal Place of Business  
2500 HOLTON ST.  
TALLAHASSEE, FL 32310

Mailing Address  
2500 HOLTON ST.  
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
01-0716128

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, CLARENCE  
2500 HOLTON ST.  
TALLAHASSEE, FL 32310

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

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME OWENS, CLARENCE  
STREET ADDRESS 2500 HOLTON ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D ☐ Delete  
NAME OWENS, BURGESS JR.  
STREET ADDRESS 605 GORE AVE.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE VT ☐ Delete  
NAME OWENS, DONALD  
STREET ADDRESS 605 GORE AVE.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D ☐ Delete  
NAME OWENS, REGINA  
STREET ADDRESS 4131 POND CYPRESS CT.  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D ☐ Delete  
NAME BELLOWS, ANNETTE  
STREET ADDRESS 605 GORE AVE.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 400118352674  
STREET ADDRESS 02/19/08--01050--004 \*\*200.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #