

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

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90060 001 ***122.50

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1. Entity Name
FTS FOUNDATION, INC.



Principal Place of Business
162 W. BURGESS RD.
PENSACOLA, FL 32503

Mailing Address
162 W. BURGESS RD.
PENSACOLA, FL 32503

66005576



03142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5859793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANGHAM, DARICE
162 W. BURGESS RD.
PENSACOLA, FL 32503

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOC
THOMAS, RONY
1864 CONCERT DRIVE
VIRGINIA BEACH, VA 23453

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BERKSTRESSER, GORDON
1864 CONCERT DRIVE
VIRGINIA BEACH, VA 23453

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANHAM, DARICE
162 W BURGESS RD
PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERRE, JOHN M MD
100 KINGSLEY LANE #200
NORFOLK, VA 23505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOWERS, GERALD M DDS
829 DE FRANCEAUX HARBOR
PASADENA, MD 21122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Douglas Wilson
1864 Concert Drive
Virginia Beach, VA 23453

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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

3-18-08

Date

757-609-4607

Daytime Phone #