2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N06000011676

Entity Name: P.A.G.G.Y FOUNDATION, INC.

Current Principal Place of Business:

6107 SW 11TH PLACE
SUITE B
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12055
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 20-5844804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, SHERRILL D
18451 NW 37TH AVE
APT 274
MIAMI, FL, FL 33056 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:	P	( ) Delete
Name:	HARVEY, GREGORY L SR	
Address:	P O BOX 12055	
City-St-Zip:	GAINESVILLE, FL 32604	
Title:	VP	( ) Delete
Name:	HARVEY, ANTHONY	
Address:	1110 NW 122ST	
City-St-Zip:	MIAMI, FL 33168	
Title:	S	( ) Delete
Name:	WILSON, SHERRILL D	
Address:	18451 NW 37TH AVE	
City-St-Zip:	MIAMI, FL 33056	
Title:	T	( ) Delete
Name:	WILLIAMS, BERNICE	
Address:	1209 SE 19TH ST	
City-St-Zip:	GAINESVILLE, FL 32641	

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: SHERRILL WILSON S 05/03/2007

Electronic Signature of Signing Officer or Director — Date