

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90045 035 ****61.25

DOCUMENT # N06000012823

1. Entity Name
**THE JERRY L. AND FAY E. BAINBRIDGE FAMILY
FOUNDATION, INC.**



Principal Place of Business
**C/O J.L. BAINBRIDGE & COMPANY, INC.
1582 MAIN STREET
SARASOTA, FL 34236**

Mailing Address
**C/O J.L. BAINBRIDGE & COMPANY, INC.
1582 MAIN STREET
SARASOTA, FL 34236**

40160322



07052007 Chg-NP CR2E037 (12/06)

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

4. FEI Number

20-8059666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREGORIA, RIC
200 S ORANGE AVENUE
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

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 September 14, 2007**

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	D	<input type="checkbox"/> Delete
NAME	BAINBRIDGE, JERRY L	
STREET ADDRESS	1582 MAIN STREET	
CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAINBRIDGE, FAY E	
STREET ADDRESS	1582 MAIN STREET	
CITY - ST - ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAINBRIDGE, BARTON L	
STREET ADDRESS	1604 HATFIELD AVE	
CITY - ST - ZIP	SARASOTA, FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAINBRIDGE, BARBARA J	
STREET ADDRESS	1604 HATFIELD AVE	
CITY - ST - ZIP	SARASOTA, FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOONOVER, KIP D	
STREET ADDRESS	1337 POMELO AVE	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOONOVER, BRIDGE L	
STREET ADDRESS	1337 POMELO AVE	
CITY - ST - ZIP	SARASOTA, FL 34239	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2900 Cherokee Terrace
CITY - ST - ZIP	Sarasota, FL 34239
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schoonover, Bridget L.
STREET ADDRESS	2900 Cherokee Terrace
CITY - ST - ZIP	Sarasota, FL 34239

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:

Jerry L. Bainbridge **Jerry L. Bainbridge** **7/5/07** **941-320-7768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #