

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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	D
NAME	BAINBRIDGE, JERRY L
STREET ADDRESS	1582 MAIN STREET
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	D
NAME	BAINBRIDGE, FAY E
STREET ADDRESS	1582 MAIN STREET
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	D
NAME	BAINBRIDGE, BARTON L
STREET ADDRESS	1604 HATFIELD AVE
CITY - ST - ZIP	SARASOTA, FL 34235
TITLE	D
NAME	BAINBRIDGE, BARBARA J
STREET ADDRESS	1604 HATFIELD AVE
CITY - ST - ZIP	SARASOTA, FL 34235
TITLE	D
NAME	SCHOONOVER, KIP D
STREET ADDRESS	2900 CHERROKEE TERR
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	D
NAME	SCHOONOVER, BRIDGE L
STREET ADDRESS	2900 CHERROKEE TERR
CITY - ST - ZIP	SARASOTA, FL 34239

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01/29/08-80017-015 61.25

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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

Date

Daytime Phone #

1/18/08 941-365-3435