

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90017 017 \*\*\*\*61.25

<b>DOCUMENT # N07000001304</b>					
<b>1. Entity Name</b> THE ALL WE DO FOUNDATION, INC.					
<b>Principal Place of Business</b> 3375 CAPITAL CIRCLE N.E. BUILDING A TALLAHASSEE, FL 32308			<b>Mailing Address</b> 3375 CAPITAL CIRCLE N.E. BUILDING A TALLAHASSEE, FL 32308		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  FONVIELLE, C. DAVID 3375 CAPITAL CIRCLE N.E. BUILDING A TALLAHASSEE, FL 32308				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D FONVIELLE, C. DAVID <input type="checkbox"/> Delete 3375 CAPITAL CIRCLE N.E. BUILDING A TALLAHASSEE, FL 32308				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MESSER, JAMES E <input type="checkbox"/> Delete 6960 STANDING PINES LANE TALLAHASSEE, FL 32312				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, CAULLEY F MD <input type="checkbox"/> Delete 2463 PAPILLION WAY TALLAHASSEE, FL 32309				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, WALLEY B MD <input type="checkbox"/> Delete 2150 THIRLESTONE ROAD TALLAHASSEE, FL 32312				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D FOOTE, JOHN H <input type="checkbox"/> Delete 1385 WHITE STAR LANE TALLAHASSEE, FL 32312				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
WALLEY B. LEWIS III <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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 or other like empowered.</b>					
<b>SIGNATURE:</b> <i>C. David Fonvielle</i>		C. David Fonvielle			
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/22/08 850-422-7773 <small>Date Daytime Phone</small>			