


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90172 019 \*\*\*\*61.25

<b>DOCUMENT # N07000004603</b> 1. Entity Name <b>THE JOHNNIE L. PHILLIPS FOUNDATION, INC.</b>					
Principal Place of Business <b>3824 HEATH CIRCLE SOUTH WEST PALM BEACH, FL 33407</b>			Mailing Address <b>PO BOX 222204 WEST PALM BEACH, FL 33422</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PHILLIPS, TANGELA N 4604 TOWER PINE ROAD ORLANDO, FL 32839</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE: <u><i>Angela N Phillips</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div>           DATE: <u>4/23/08</u>  <small>(NOTE: Registered Agent signature required when reissuing)</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, TANGELA N			NAME	
STREET ADDRESS	4604 TOWER PINE ROAD			STREET ADDRESS	P.O. Box 222204
CITY-ST-ZIP	ORLANDO, FL 32839			CITY-ST-ZIP	West Palm Bch, FL 33422
TITLE	D <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS TAYLOR, LASHANTA			NAME	
STREET ADDRESS	7495 JUMPERS TRAIL			STREET ADDRESS	P.O. Box 222204
CITY-ST-ZIP	FAIRBURN, GA 30248			CITY-ST-ZIP	West Palm Beach, FL 33422
TITLE	D <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, KEN			NAME	
STREET ADDRESS	OPERATION HOPE 2100 45TH STREET STE A4			STREET ADDRESS	P.O. Box 222204
CITY-ST-ZIP	WEST PALM BEACH, FL 33407			CITY-ST-ZIP	West Palm Beach, FL 33422
TITLE	D <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, LINDA J			NAME	
STREET ADDRESS	3824 HEATH CIRCLE SOUTH			STREET ADDRESS	P.O. Box 222204
CITY-ST-ZIP	WEST PALM BEACH, FL 33407			CITY-ST-ZIP	West Palm Beach, FL 33422
TITLE	D <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ERNEST			NAME	
STREET ADDRESS	1842 PALASADE DRIVE			STREET ADDRESS	P.O. Box 222204
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			CITY-ST-ZIP	West Palm Beach, FL 33422
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u><i>Angela Phillips Tangela Phillips</i></u> <u>4/23/08</u> <u>(407) 574-8191</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					