

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006059

FILED
Jan 15, 2008
Secretary of State

Entity Name: THE GRIGSBY FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

747 SW 48TH AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1230
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 26-0488199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWICKI, MARK J ESQ
480 MAPLEWOOD DRIVE STE 2
JUPITER, FL 33458 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: D () Delete
Name: GRIGSBY, CAROLYN
Address: 747 SW 48TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: GRIGSBY, WILLIAM JR
Address: 518 BEAR ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BARTLETT, WILLIAM
Address: PO BOX 967
City-St-Zip: OKEECHOBEE, FL 34976

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:

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: CAROLYN GRIGSBY

D

01/15/2008

Electronic Signature of Signing Officer or Director

Date