2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007683

FILED Jan 04, 2008 Secretary of State

Entity Name: THE THOMPSON FAMILY CHARITABLE FOUNDATION, INC.

Current P	rincipal Place of E	Business:	New Princ	New Principal Place of Business:		
	ARK TRAIL TON, FL 33414					
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 1: LOXAHAT	370 CHEE, FL 33470					
FEI Number:		I Number Applied For()	FEI Number Not Appli	icable (X)	Certificate of Status Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and	Address of N	lew Registered Agent:	
	MARK H ESQ EWOOD DRIVE S ⁻ FL 33458 US	¯E 2				
	named entity subn of Florida.	nits this statement for the p	urpose of changing it	s registered o	ffice or registered agent, or be	oth,
SIGNATUF	RE:					
	Electronic Si	gnature of Registered Age	nt		Date	_
OFFICERS	S AND DIRECTOR	S:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECT	TORS:
Title: Name: Address: City-St-Zip:	D () Dele THOMPSON, JOSEF PO BOX 1370 LOXACHATCHEE, FI	H E JR	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele THOMPSON, KAY H PO BOX 1370 LOXACHATCHEE, FI		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele THOMPSON, SHANN 116 TANBARK TRAIL WELLINGTON, FL 3	ON	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele THOMPSON, KARA 4867 ASHFORD DUN ATLANTA, GA 30338	WOODY ROAD APR 11201	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()Dele	te	Title: Name: Address: City-St-Zip:	D () THOMPSON, AA 2809 HIGHLANI BIRMNGHAM, A	D AVE S APT 2	

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: JOSEPH E THOMPSON JR D 01/04/2008