

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12812

FILED
Apr 22, 2008
Secretary of State

Entity Name: AL AND NANCY BURNETT CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1025 ANCHORAGE COURT
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

200 S ORANGE AVE
SUITE 2300
ORLANDO, FL 32801 US

New Mailing Address:

174 W COMSTOCK AVE
SUITE 102
WINTER PARK, FL 32789 US

FEI Number: 59-2620060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, J.A.
1025 ANCHORAGE COURT
WINTER PARK, FL 32789 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: PST () Delete
Name: BURNETT, J.A.,
Address: 1025 ANCHORAGE COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BURNETT, J A
Address: 1025 ANCHORAGE COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BURNETT, NANCY
Address: 1025 ANCHORAGE COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: STEELE BURNETT, MINDY
Address: 1025 ANCHORAGE COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MOORE, BECKY
Address: 1025 ANCHORAGE CT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GRAVINA, AMY
Address: 1025 ANCHORAGE CT
City-St-Zip: WINTER PARK, FL 32789

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:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: J ALBERT BURNETT

PST

04/22/2008

Electronic Signature of Signing Officer or Director

Date