


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90010 006 ****61.25

DOCUMENT # N18358 1. Entity Name THE GERALD F. STOGNIEW, JR. PRIVATE FOUNDATION, INC.					
Principal Place of Business 12225 B 28 ST N ST. PETERSBURG, FL 33716			Mailing Address 12225 B 28 ST N ST. PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box # 10332 HOPMAN CT.		3. Mailing Address P.O. Box 4250			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LARGO, FL		City & State SEMINOLE, FL		4. FEI Number 59-2761167	
Zip 33777		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOGNIEW, ROSEMARY 12225 B 28 ST N ST. PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 10332 HOPMAN COURT City LARGO FL Zip Code 33777			
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOGNIEW, ROSEMARY 12225 28TH ST N ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOGNIEW, GERALD F., SR. 12225 28TH ST N ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD O'REILLY, LAURIE 12225 28TH ST N ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STACY, LAURIE 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STOGNIEW, KRISTEN 12225 28TH ST N ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GERALD F. O'REILLY 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rosemary Stogniew</i> ROSEMARY STOGNIEW 2/25/08 397-8397					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					