

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N18434

1. Entity Name  
THOMAS T. PHILLIPS, JR., FOUNDATION, INC.



Principal Place of Business  
% MARK SHORSTEIN  
8265 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

Mailing Address  
% MARK SHORSTEIN  
8265 BAYBERRY ROAD  
JACKSONVILLE, FL 32256



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2748614

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHORSTEIN, MARK  
8265 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHORSTEIN, MARK  
STREET ADDRESS 8265 BAYBERRY ROAD  
CITY - ST - ZIP JACKSONVILLE, FL

TITLE DS  
NAME BROOKS, RUBY  
STREET ADDRESS 8265 BAYBERRY ROAD  
CITY - ST - ZIP JACKSONVILLE, FL

TITLE TD  
NAME SHORSTEIN, JACK  
STREET ADDRESS 8265 BAYBERRY ROAD  
CITY - ST - ZIP JACKSONVILLE, FL

TITLE D  
NAME HEAVENER, CHRISTIE  
STREET ADDRESS 8265 BAYBERRY ROAD  
CITY - ST - ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000395730  
01/27/06-80004-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mark Shorstein* MARK SHORSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 (904) 739-1311

Date

Daytime Phone #