

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 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



01022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2748614

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

000000797294
01/29/08-80068-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHORSTEIN, MARK 8265 BAYBERRY ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BROOKS, RUBY 8265 BAYBERRY ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHORSTEIN, JACK 8265 BAYBERRY ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEAVENER, CHRISTIE 8265 BAYBERRY ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/08

Daytime Phone #

904-739-1311