

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

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90155 024 \*\*\*\*61.50

**DOCUMENT # N22641**

1. Entity Name

THOMAS W. FORREST FOUNDATION, INC.



Principal Place of Business

1301 SIXTH AVE. W. #600  
BRADENTON, FL 34205

Mailing Address

1301 SIXTH AVE. W. #600  
BRADENTON, FL 34205



02282006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0039416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKE, JACK, L  
6908 ARBOR OAKS COURT  
BRADENTON, FL 34209

**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	D
NAME	VARNAORE, EILEEN
STREET ADDRESS	1301 6TH AVE W #600
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	D
NAME	BURTON, JR, KEN
STREET ADDRESS	1301 6TH AVE W #600
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	D
NAME	MCWHORTER, JEFF
STREET ADDRESS	1301 6TH AVE W #600
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	P
NAME	SHOEMAKE, JACK L
STREET ADDRESS	1301 6TH AVE. W., STE. 600
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	D
NAME	FORREST, DORIS A.
STREET ADDRESS	1503 10TH AVENUE WEST
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	D
NAME	MILLS, F. VIRGIL
STREET ADDRESS	1301 6TH AVE. W., STE. 600
CITY - ST - ZIP	BRADENTON, FL 34205

**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

Daytime Phone #