

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N30929

1. Entity Name
 RUTH M. FOY CHARITABLE FOUNDATION, INC.



Principal Place of Business
 2900-2 S. TAMiami TR
 SARASOTA, FL 34239 US

Mailing Address
 2900-2 S. TAMiami TR
 SARASOTA, FL 34239 US



04202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0102106

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

DRABIK, ROBERT F.
 2900 S TAMiami TRAIL
 SARASOTA, FL 34239

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUNNINGTON, WILLIAM E
STREET ADDRESS	124 VINTAGE CT.
CITY-ST-ZIP	PAWLEYS ISLAND, SC 29585
TITLE	D
NAME	COWLES, KENNETH C
STREET ADDRESS	4312 BENT TREE BLVD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	PD
NAME	DRABIK, ROBERT F.
STREET ADDRESS	1313 S. LAKE SHORE DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	DRABIK, PATRICIA
STREET ADDRESS	1313 S. LAKE SHORE DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	TD
NAME	MENCHINGER, THOMAS
STREET ADDRESS	4316 ARDALE
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/21/08-80114-010 61.25

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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Daytime Phone #