

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90050 001 \*\*\*\*61.25  
01-17-2008 90050 002 \*\*\*\*\*8.75

**DOCUMENT # N32545**

1. Entity Name  
**THE BOBBY PADGETT CANCER FOUNDATION INC.**



Principal Place of Business  
**C/O COASTLINE FEDERAL CREDIT UNION  
550 DUNDAS DRIVE  
JACKSONVILLE, FL 32218**

Mailing Address  
**C/O COASTLINE FEDERAL CREDIT UNION  
550 DUNDAS DRIVE  
JACKSONVILLE, FL 32218**

**66000197**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2954784**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COASTLINE FEDERAL CREDIT UNION  
550 DUNDAS DRIVE  
JACKSONVILLE, FL 32218**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME HARBISON, DON  
STREET ADDRESS 13715 RICHMOND PARK DR N  
CITY-ST-ZIP JACKSONVILLE, FL 32224 *As of 1-31-08*

TITLE VD ☐ Delete  
NAME WHITE, JOHN  
STREET ADDRESS 288 SARA DR.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D ☐ Delete  
NAME GILLETTE, RAY  
STREET ADDRESS 11501 INEZ DR.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D ☐ Delete  
NAME KANEER, DAVID R  
STREET ADDRESS 12306 DUNWOODY DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE WHITE JOHN PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 288 SARA DR.  
CITY-ST-ZIP JACK, FLA.

TITLE VD ☒ Change ☐ Addition  
NAME GILLETTE, RAY  
STREET ADDRESS 11501 INEZ DR.  
CITY-ST-ZIP JACKSONVILLE, FLA.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

*1-15-08*

*904-220-1089*