


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

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90020 015 \*\*\*\*61.25

<b>DOCUMENT # N33963</b> 1. Entity Name J. CARLISLE ROGERS, RUTH G. ROGERS & JAMES CARLISLE ROGERS, JR., FAMILY FOUNDATION, INC.	
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**40024762**



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2969938	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  CAUTHEN, WILLIAM 215 NORTH JOANNA AVE TAVARES, FL 32778
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VP</del> HEWITT, HOWARD H 2028 PORTO BELLO AVE 3939 CR 48 LEESBURG, FL 34748 Okahumpka, FL 34762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAUTHEN, WILLIAM H 215 N JOANNA AVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Phillip Braun 600 E Dixie Ave Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: W. H. Cauthen 1/30/08 352-843-2225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #