


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90379 025 ****61.25

DOCUMENT # N41433 1. Entity Name FOUNDATION HOLDING I, INC.	
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Principal Place of Business 4595 LEXINGTON AVENUE SUITE 100 JACKSONVILLE, FL 32210	Mailing Address 4595 LEXINGTON AVENUE SUITE 100 JACKSONVILLE, FL 32210
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14012026



04272005 No Chg-NP GR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3051579	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILNE, DOUGLAS J. 4595 LEXINGTON AVENUE SUITE 100 JACKSONVILLE, FL 32210
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ASHBY, C.L.G. 1604 STOCKTON ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT HIGHTOWER, BEN CPA 1514 NIRA ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LEMMEL, DAVID 1303 PULLEN RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MILNE, DOUGLAS J. 4595 LEXINGTON AVE #100 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 exemption stated in Section 119.07(3)(i), 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: *DS Milne DS MILNE* *4/29/05* *904.387.8400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #