


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N41433	
1. Entity Name FOUNDATION HOLDING I, INC.	

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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04062007 No Chg-NP CR2E037 (4/06)

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

**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, 2007**

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

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	

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05/23/07-80069-010 61.25

**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: *DS Milne* *DS MILNE* *4/24/07* *904.387.5400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #