

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

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N44268**

1. Entity Name  
**ONTA FOUNDATION, INC.**



Principal Place of Business  
**155 RESEARCH ROAD  
QUINCY, FL 32351 US**

Mailing Address  
**155 RESEARCH ROAD  
QUINCY, FL 32351 US**



03182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3150055</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RICH, JIMMY R  
155 RESEARCH RD  
QUINCY, FL 32351**

**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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000862938

04/03/08-80112-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	BC
NAME	ROBINSON, A. FOREST
STREET ADDRESS	2765 F & B ROAD
CITY-ST-ZIP	COLLEGE STATION, TX 77845

TITLE	BDM
NAME	INSERRA, RENATO
STREET ADDRESS	P O BOX 147100
CITY-ST-ZIP	GAINESVILLE, FL 32614

TITLE	BDT
NAME	RICH, JIMMY
STREET ADDRESS	155 RESEARCH ROAD
CITY-ST-ZIP	QUINCY, FL 32351

TITLE	BDS
NAME	OVERSTREET, CHARLES
STREET ADDRESS	LOUISIANA STATE UNIVERSITY
CITY-ST-ZIP	BATON ROUGE, LA 70803

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 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 #

03/18/08 850-875-7130