

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

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N45897

1. Entity Name
THE STEWART TURLEY FOUNDATION, INC.



Principal Place of Business
**1465 S FORT HARRISON AVE
STE 201
CLEARWATER, FL 33756 US**

Mailing Address
**1465 S FORT HARRISON AVE
STE. 201
CLEARWATER, FL 33756 US**



04032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3110931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEWART, SALLY
1465 S FT. HARRISON AVE
SUITE 201
CLEARWATER, FL 33756**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000907827
05/06/08-80004-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TURLEY, STEWART 1465 S FORT HARRISON AVE, STE. 201 CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURLEY, LINDA 10 PAPAYA ST #1504 CLEARWATER BEACH, FL 33767
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, CAROL 10 PAPAYA ST #1504 CLEARWATER BEACH, FL 33767
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHOCKLEY, KAREN 10 PAPAYA ST #1504 CLEARWATER BEACH, FL 33767
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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

STEWART TURLEY

4/16/08

Date

727-443-4828

Daytime Phone #