
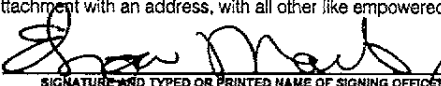


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000201</b>		
1. Entity Name HILDA SUTTON AND WILLIAM D. BLANTON CHARITABLE FOUNDATION, INC.		
Principal Place of Business 200 LAKE MORTON DR. LAKELAND, FL 33801	Mailing Address 200 LAKE MORTON DR. LAKELAND, FL 33801	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MARTIN, E. SNOW JR. 200 LAKE MORTON DR. LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITHERS, METTIE A 764 JESSANDA CIRCLE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, E. SNOW JR. 200 LAKE MORTON DR. LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, BETH 1918 SEMINOLE TR. LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1/27/06 863-688-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01192006 No Chg-NP CR2E037 (11/05)  
4. FEI Number 59-3162785 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

U000000414334  
02/11/06-80033-018 61.25

**DO NOT WRITE  
IN THIS SPACE**