

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000201**

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**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3162785</b>	Applied For <input type="checkbox"/> 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**

**MARTIN, E. SNOW JR.  
200 LAKE MORTON DR.  
LAKELAND, FL 33801**

**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  
Trust Fund Contribution. ☐

**\$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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, E. SNOW JR. 200 LAKE MORTON DR. LAKELAND, FL 33801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, BETH 1918 SEMINOLE TR. LAKELAND, FL 33803
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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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000530808  
01/18/07-80070-021 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**E. SNOW MARTIN, JR**

**1/15/07**  
Date

**863-688 7611**  
Daytime Phone #