

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002213**

1. Entity Name  
**DIANE KIP TURNER CHARITABLE FOUNDATION, INC.**



Principal Place of Business

1124 6TH ST S  
NAPLES, FL 34102

Mailing Address

P.O. BOX 117  
LAKELAND, FL 33802

**DO NOT WRITE IN THIS SPACE**

01022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0417972**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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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

U00000778119  
01/10/08-80036-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DIANE K 1124 6TH ST S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRARD, PATRICIA T 1124 6TH ST S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARNAGIN, DOUGLAS C 7052 ISLAND LAKE LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Diane K Turner* **DIANE K TURNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/08/08*  
Date

Daytime Phone #