

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001895 1. Entity Name TAVISTOCK FOUNDATION, INC.	
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Principal Place of Business 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US	Mailing Address 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US
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FILED
08 APR 24 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3249459	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	800125290889 04/23/08--01026--005 **3965.00
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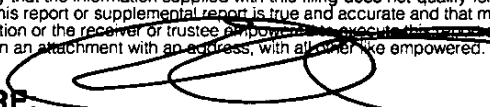
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, VIVIANNE 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THAKKAR, RASESH 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VOSS, JEFFERSON R 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

\$24/24

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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 the same 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:  **Jeff Voss** 4/14/08 407-909-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #