

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

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005187**



1. Entity Name  
PEARSON FAMILY FOUNDATION, INC.

Principal Place of Business  
235 COCONUT PALM ROAD  
VERO BEACH, FL 32963

Mailing Address  
235 COCONUT PALM ROAD  
VERO BEACH, FL 32963



01102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3279393

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PEARSON, DAVID E  
235 COCONUT PALM ROAD  
VERO BEACH, FL 32963

**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

U000000782157  
01/15/08-80063-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
PEARSON, DAVID E  
235 COCONUT PALM ROAD  
VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PEARSON, CAROL M  
235 COCONUT PALM ROAD  
VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GARVEY, JENNIFER L  
THREE RIVERGATE WOODS  
WILTON, CT 06897

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BAKER, ERICA J  
552 BISCAYNE LANE  
SEBASTIAN, FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** *Erica J. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-10-08* *772-231-0566*

Date

Daytime Phone #