


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

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000006133 1. Entity Name FERGUSON FOUNDATION, INC.	
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Principal Place of Business 201 E. KENNEDY BLVD SUITE 1608 TAMPA, FL 33602	Mailing Address % STELLA F. THAYER P.O. BOX 1531 TAMPA, FL 33601
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3285377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERGUSON, LOUISE L 201 E. KENNEDY BLVD SUITE 1608 TAMPA, FL 33602

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, LOUISE L 5400 INTERBAY BLVD TAMPA, FL 36611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATD FERGUSON, HOWELL L 310 W. COLLEGE AVENUE TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD THAYER, STELLA F 201 E. KENNEDY BLVD, SUITE 1608 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000747399 05/17/07-80024-006 61.25</p> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-25-07 <small>Date</small>	 <small>Daytime Phone #</small>
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