

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

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000006133

1. Entity Name
FERGUSON FOUNDATION, INC.



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**



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3285377

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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**

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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05/22/08-80079-012 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

Date

Daytime Phone #