


**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90082 011 \*\*\*\*70.00

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

<b>DOCUMENT # N95000002918</b>					
1. Entity Name <b>COBB FOUNDATION, INC.</b>					
Principal Place of Business 336 COCONUT PALM ROAD BOCA RATON, FL 33432 US			Mailing Address 336 COCONUT PALM ROAD BOCA RATON, FL 33432 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
4. FEI Number <b>65-0593216</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEWIS, WILLIAM C JR 1390 BRICKELL AVE STE 280 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <small>(Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP	<input type="checkbox"/> Delete			
NAME	COBB, RHODA W.				
STREET ADDRESS	336 COCONUT PALM ROAD				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE	DV	<input type="checkbox"/> Delete			
NAME	COBB, WILLIAM				
STREET ADDRESS	336 COCONUT PALM ROAD				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE	DT	<input type="checkbox"/> Delete			
NAME	COBB, BRADLEY DEAN				
STREET ADDRESS	230 BELLEVUE AVENUE				
CITY-ST-ZIP	HADDONFIELD, NJ 08033				
TITLE	DS	<input type="checkbox"/> Delete			
NAME	JUCKETT, RHODA C				
STREET ADDRESS	2421 WESTFIELD RD				
CITY-ST-ZIP	CHARLOTTE, NC 28207				
TITLE	D	<input type="checkbox"/> Delete			
NAME	LITTLE, JENNIFER C				
STREET ADDRESS	223 KINGSWAY DR				
CITY-ST-ZIP	LEXINGTON, KY 40502				
TITLE	D	<input type="checkbox"/> Delete			
NAME	Little, Jennifer C.				
STREET ADDRESS	891 McMeekin Place				
CITY-ST-ZIP	Lexington, KY 40502				
TITLE	D	<input type="checkbox"/> Delete			
NAME	Cox, Nancy				
STREET ADDRESS	12320 Greenbrier Way				
CITY-ST-ZIP	Bradenton, FL 34202				
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: <u>Rhoda W. Cobb, President</u>				1/26/2007 786-425-2284	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	
Rhoda W. Cobb, President					

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