


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90035 006 ****61.25

DOCUMENT # N95000005665					
1. Entity Name THE SUSAN ROYAL WURTH FOUNDATION, INC.					
Principal Place of Business 324 S.W. 16TH STREET BELLE GLADE FL 33430			Mailing Address 324 S.W. 16TH STREET BELLE GLADE FL 33430		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0647302	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROYAL, JOHN C 324 S.W. 16TH STREET BELLE GLADE FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature not used when reinstating)					
FILE NOW FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYAL, GEORGE L		NAME	Joanne C. Royal	
STREET ADDRESS	324 S.W. 16TH STREET		STREET ADDRESS	324 SW 16th St.	
CITY- ST- ZIP	BELLE GLADE FL 33431		CITY- ST- ZIP	Belle Glade, FL 33430	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYAL, GEORGE M		NAME		
STREET ADDRESS	324 S.W. 16TH STREET		STREET ADDRESS		
CITY- ST- ZIP	BELLE GLADE FL 33431		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYAL, JEFFREY L		NAME		
STREET ADDRESS	324 S.W. 16TH STREET		STREET ADDRESS		
CITY- ST- ZIP	BELLE GLADE FL 33431		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYAL, JOHN C		NAME		
STREET ADDRESS	324 S.W. 16TH STREET		STREET ADDRESS		
CITY- ST- ZIP	BELLE GLADE FL 33431		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: