

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001764**  
1. Entity Name  
**THE LAWTON CHILES FOUNDATION, INC.**



Principal Place of Business  
**1812 RIGGINS ROAD  
SUITE TWO  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**1812 RIGGINS ROAD  
SUITE TWO  
TALLAHASSEE, FL 32308 US**



**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3400148**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**ORR, KIMBEL P  
2930 WOODSIDE DRIVE  
TALLAHASSEE, FL 32312**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000021262  
01/29/04-80101-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILES, LAWTON "BUD" III 1812 RIGGINS ROAD STE 2 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CHILES, RHEA 1812 RIGGINS ROAD STE 2 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ORR, KIMBEL P 2930 WOODSIDE DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHILES, ED 1812 RIGGINS ROAD STE 2 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** *Kimbel Orr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-04** **850-222-3366**  
Date Daytime Phone #

**KIMBEL ORR**