

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90053 048 \*\*\*\*61.25

<b>DOCUMENT # N96000001764</b> 1. Entity Name <b>THE LAWTON CHILES FOUNDATION, INC.</b>					
Principal Place of Business 1812 RIGGINS ROAD SUITE TWO TALLAHASSEE, FL 32308 US			Mailing Address 1812 RIGGINS ROAD SUITE TWO TALLAHASSEE, FL 32308 US		
2. Principal Place of Business <b>2930 WOODSIDE DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. BOX 37364</b> Suite, Apt. #, etc.		
City & State <b>TALLAHASSEE, FL</b>			City & State <b>TALLAHASSEE, FL</b>		
Zip <b>32312</b>		Country <b>USA</b>		4. FEI Number <b>59-3400148</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ORR, KIMBEL P</b> <b>2930 WOODSIDE DRIVE</b> <b>TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2930 WOODSIDE DRIVE</b> <b>TALLAHASSEE, FL 32312</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2930 WOODSIDE DRIVE</b> <b>TALLAHASSEE, FL 32312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ORR, KIMBEL P 2930 WOODSIDE DR TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2930 WOODSIDE DRIVE</b> <b>TALLAHASSEE, FL 32312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another fee empowered.					
<b>SIGNATURE:</b> <i>Kimber P. Orr, Exec. Director</i> <b>1-25-05</b> <b>850 4439</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					