

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 29 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N96000002729</b> 1. Entity Name <b>VOLUNTEER FLORIDA FOUNDATION, INC.</b>					
Principal Place of Business <b>401 S. MONROE ST. TALLAHASSEE, FL 32301</b>			Mailing Address <b>401 S. MONROE ST. TALLAHASSEE, FL 32301</b>		
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 <b>31-1467424</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCFADDEN, LIZA 401 S. MONROE ST. TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Kammel, Kay</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 South Monroe Street</b> City <b>Tallahassee</b> FL Zip Code <b>32301</b>	
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					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>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	VP VIROSTEK, GWYNN 40 EAST PALMETTO PARK RD. BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH VIROSTEK, Gwynn 40 EAST PALMETTO PARK RD. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCFADDEN, LIZA 401 S. MONROE STREET TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Kammel, Kay 401. South Monroe Street Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GRIFFIN, DAVID 801 1/2 N. CALHOUN ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400126854064 04/29/08--01024--020 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CESTARI, MAUREEN 301 TOWER RD. NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Cestari Maureen 301 Tower Rd Naples, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH BISHOP, BARNEY T III 516 N. ADAMS STREET TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH VIROSTEK, Gwynn 40 EAST PALMETTO PARK RD. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH VIROSTEK, Gwynn 40 EAST PALMETTO PARK RD. BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH VIROSTEK, Gwynn 40 EAST PALMETTO PARK RD. BOCA RATON, FL 33432
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 <b>(850) 410-0696</b> Daytime Phone #	