


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N96000003516 1. Entity Name ROY C. AND SUSAN M. PALMER FAMILY CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 2052 BEN FRANKLIN DR VILLA D202 SARASOTA, FL 34236 US	Mailing Address 2052 BEN FRANKLIN DR VILLA D202 SARASOTA, FL 34236 US
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04062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1471328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, ROY C
 2052 BEN FRANKLIN DR
 VILLA D202
 SARASOTA, FL 34236

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

Filing Fee Is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PALMER, ROY C 2052 BEN FRANKLIN DR VILLA D202 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PALMER, SUSAN M 2052 BEN FRANKLIN DR VILLA D202 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYBOURN, PALMER 2052 BEN FRANKLIN DR VILLA D202 SARASOTA, FL 34236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Roy C. Palmer Roy C. Palmer 4/7/2008 941-388-2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #