

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90543 010 \*\*\*\*61.25

**DOCUMENT # N96000006393**

1. Entity Name  
**GEORGE R. LANGFORD FAMILY FOUNDATION, INC.**



Principal Place of Business  
**1700 CAPITAL CIRCLE, S.W.  
TALLAHASSEE, FL 32310**

Mailing Address  
**P.O. BOX 2235  
TALLAHASSEE, FL 32316-2235 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3400933**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LANGFORD, A. LAWTON  
1700 CAPITAL CIRCLE, S.W.  
TALLAHASSEE, FL 32310**

7. Name and Address of New Registered Agent

Name  
**G. ROBERTSON LANGFORD, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**411 SHANTILLY TER**

City

**TALLAHASSEE**

**FL**

Zip Code

**32312**

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

*G. Robertson Langford, Jr.*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/05**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LANGFORD, GEORGE R** ☐ Delete  
**837 LAKERIDGE DRIVE**  
**TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LANGFORD, A. LAWTON** ☐ Delete  
**1700 CAPITAL CIRCLE, S.W.**  
**TALLAHASSEE, FL 32310**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LANGFORD, G. ROBERTSON JR.** ☐ Delete  
**411 SHANTILLY TERR.**  
**TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

*A. Langford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-05**

Date

**850/576-3171**

Daytime Phone #