

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006564

1. Entity Name
THE PERRY FAMILY FOUNDATION, INC.



Principal Place of Business
33 GULF BREEZE DRIVE
SANTA ROSA BEACH, FL 32459

Mailing Address
33 GULF BREEZE DRIVE
SANTA ROSA BEACH, FL 32459



06222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3429042	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

PERRY, JAMES T JR
33 GULF BREEZE DRIVE
SANTA ROSA BEACH, FL 32459

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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	TPD PERRY, JAMES T JR 33 GULF BREEZE DRIVE SANTA ROSA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PERRY, JAMES T 312 E TENNYSON ST TECUMSEH, OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNOLLY, JOSEPH J 1515 MARKET ST 9TH FL PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/10/07-80017-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

James T. Perry Jr 7/6/07