

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006600

1. Entity Name
THE WELDON FOUNDATION, INC.



Principal Place of Business
**6 OCEAN CLUB DRIVE
FERNANDINA BEACH, FL 32034-6543 US**

Mailing Address
**6 OCEAN CLUB DRIVE
FERNANDINA BEACH, FL 32034-6543 US**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0715451

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENFORD, NORMAN J
1221 BRICKELL AVE, 21ST FL
MIAMI, FL 33131**

**DO NOT WRITE
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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000775368
01/08/08-80027-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE
PTD
NAME
WELDON, NORMAN
STREET ADDRESS
6 OCEAN CLUB DR
CITY-ST-ZIP
FERNANDINA BEACH, FL 32034

TITLE
D
NAME
WELDON, THOMAS D
STREET ADDRESS
4318 WHITEWATER CREEK RD
CITY-ST-ZIP
ATLANTA, GA 30327

TITLE
D
NAME
WELDON, CYNTHIA M
STREET ADDRESS
206 CHISELHURST WAY
CITY-ST-ZIP
CARY, NC 27513

TITLE
DS
NAME
CASSIDY, KAREN J
STREET ADDRESS
293 PEARL ST
CITY-ST-ZIP
BOULDER, CO 80302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Norman L. Weldon
January 5, 2008 **904-491-8619**
Date Daytime Phone #