

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002554

1. Entity Name
THE AGNACIAN FOUNDATION, INC.



Principal Place of Business
5120 WILLOW LEAF DRIVE
SARASOTA, FL 34241

Mailing Address
5120 WILLOW LEAF DRIVE
SARASOTA, FL 34241



01132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0756823

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGNACIAN, GEORGE N
5120 WILLOW LEAF DRIVE
SARASOTA, FL 34241

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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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGNACIAN, GEORGE N
STREET ADDRESS	5120 WILLOW LEAF DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	AGNACIAN, JOAN S
STREET ADDRESS	5120 WILLOW LEAF DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	AGNACIAN, GEORGE C
STREET ADDRESS	5120 WILLOW DR.
CITY-ST-ZIP	SARASOTA, FL 34241
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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01/25/08-80002-017 61.25

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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: George N. Agnacion **GEORGE N AGNACIAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08
Date

941 371-6236
Daytime Phone #