



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90006 033 ****70.00

DOCUMENT # N97000002988					
1. Entity Name RAYMUND FOUNDATION, INC.					
Principal Place of Business 5350 TECH DATA DR. CLEARWATER, FL 33760			Mailing Address 5350 TECH DATA DR. CLEARWATER, FL 33760		
2. Principal Place of Business - No P.O. Box # 5301 TECH DATA DR.		3. Mailing Address 5301 TECH DATA DR.		40027342 	
Suite, Apt. #, etc. BLDG. D		Suite, Apt. #, etc. BLDG. D		02092007 Chg-NP CR2E037 (12/06)	
City & State CLEARWATER, FL		City & State CLEARWATER, FL		4. FEI Number 59-3447494	
Zip 33760		Zip 33760		Country USA	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAYMUND, STEVEN A 5350 TECH DATA DR. CLEARWATER, FL 33760				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5301 TECH DATA DR. BLDG. D City CLEARWATER FL Zip Code 33760	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RAYMUND, STEVEN A 5350 TECH DATA DR. CLEARWATER, FL 33760 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5301 TECH DATA DR. BLDG D CLEARWATER, FL 33760 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAYMUND, SONIA V 5350 TECH DATA DR. CLEARWATER, FL 33760 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5301 TECH DATA DR. BLDG. D CLEARWATER, FL 33760 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAYMUND, KAREN 5350 TECH DATA DR. CLEARWATER, FL 33760 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5301 TECH DATA DR. BLDG. D CLEARWATER, FL 33760 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/28/07 727-456-5305 <small>Date Daytime Phone #</small>	