

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

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002988**

1. Entity Name  
**RAYMUND FOUNDATION, INC.**



Principal Place of Business  
**5301 TECH DATA DR  
BLDG D  
CLEARWATER, FL 33760**

Mailing Address  
**5301 TECH DATA DR  
BLDG D  
CLEARWATER, FL 33760**



03212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3447494**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RAYMUND, STEVEN A  
5301 TECH DATA DR  
BLDG D  
CLEARWATER, FL 33760**

**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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
RAYMUND, STEVEN A  
5301 TECH DATA DR BLDG D  
CLEARWATER, FL 33760**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
RAYMUND, SONIA V  
5301 TECH DATA DR BLDG D  
CLEARWATER, FL 33760**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
RAYMUND, KAREN  
5301 TECH DATA DR BLDG D  
CLEARWATER, FL 33760**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000879928  
04/15/08-80040-017 70.00

**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

**3/24/08**

Date

Daytime Phone #