

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005349

1. Entity Name
THE BOND FOUNDATION, INC.



Principal Place of Business
**800 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787**

Mailing Address
**800 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787**



01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3468830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLAKESLEE, DEREK
800 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787**

**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 renewing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLAKESLEE, DEREK
STREET ADDRESS	230 N HIGHLAND AVE
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	BLAKESLEE, ANN G
STREET ADDRESS	230 N HIGHLAND AVE
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	WINGATE, DON
STREET ADDRESS	P.O BOX 6
CITY - ST - ZIP	KILLARNEY, FL 34740
TITLE	D
NAME	WINGATE, CAROLE
STREET ADDRESS	P.O BOX 6
CITY - ST - ZIP	KILLARNEY, FL 34740
TITLE	D
NAME	GRIFFITH, MARK
STREET ADDRESS	P.O BOX 770284
CITY - ST - ZIP	WINTER GARDEN, FL 34777
TITLE	D
NAME	STANFORD, GINNIE
STREET ADDRESS	90 VANIEAMERE ST
CITY - ST - ZIP	OAKLAND, FL 34760

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02/09/06-80014-021 61.25

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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:

Derek J. Blakeslee

1/27/06

407-696-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #