

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90002 027 ****70.00

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1. Entity Name
MONIQUE BURR FOUNDATION FOR CHILDREN, INC.



Principal Place of Business

10739 DEERWOOD PRK BLVD
STE 300
JACKSONVILLE, FL 32256 US

Mailing Address

10739 DEERWOOD PRK BLVD
STE 300
JACKSONVILLE, FL 32256 US



06222007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-3482715

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TOUSEY, CLAY B JR
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE, FL 32202

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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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURR, EDWARD E
STREET ADDRESS	3903 DUVAL DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	PARKER, DIANNE E
STREET ADDRESS	942 CRESSWELL LANE W.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	D
NAME	MILLS, ELLEN M
STREET ADDRESS	101 CANNON COURT WEST
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	SIMON, BERT
STREET ADDRESS	C/O 1660 PRUDENTIAL DR., STE. 203
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	FLETCHER, JOHN
STREET ADDRESS	637 PARK ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	GRAHAM, CHERYL
STREET ADDRESS	264 HICKORY HOLLOW DR. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32225

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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

June 26, 2007

Date

(904) 6420210

Daytime Phone #