

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006376

FILED  
Jul 16, 2007  
Secretary of State

**Entity Name:** TRACY FARMER FOUNDATION, INC.

**Current Principal Place of Business:**

8665 BAY COLONY DR  
SUITE 1804  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

8665 BAY COLONY DR  
SUITE 1804  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 59-3477176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

UNDERWOOD, ROBERT L III  
5728 MAJOR BLVD  
STE 550  
ORLANDO, FL 32819 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: FARMER, TRACY  
Address: 8665 BAY COLONY DR, SUITE 1804  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: FARMER, CAROL  
Address: 8665 BAY COLONY DR, SUITE 184  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: FARMER, DEL  
Address: 8111 SHELBYVILLE RD  
City-St-Zip: LOUISVILLE, KY 40222

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY FARMER

PRES

07/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date