2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006675

FILED Jul 23, 2007 Secretary of State

Entity Name: THE COLLEEN A. GRIFFIN CHARITABLE FOUNDATION, INC.

	Principal Place of Business:	New Principal Place of Business:
	ENIDA MADERA TON, FL 34210	
Current l	Mailing Address:	New Mailing Address:
	ENIDA MADERA TON, FL 34210	
n accorda	r: 65-0798233 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
vame an	d Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
3905 AVÉ	MELVIN W ENIDA MADERA TON, FL 34210 US	
	e named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	JRE:	
	Electronic Signature of Registere	d Agent Date
OFFICER	RS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: lame: .ddress:	PD () Delete GRIFFIN, MELVIN 3905 AVENIDA MADERA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
ritle: lame: .ddress: Dity-St-Zip: ritle: lame: .ddress:	PD () Delete GRIFFIN, MELVIN 3905 AVENIDA MADERA	Title: () Change () Addition Name: Address:
DFFICER itle: lame: kddress: City-St-Zip: ittle: lame: kddress: City-St-Zip: ittle: lame: kddress: City-St-Zip:	PD () Delete GRIFFIN, MELVIN 3905 AVENIDA MADERA BRADENTON, FL 34210 SD () Delete GRIFFIN, BRUCE 35 EASTVILLE RD TORONTO, ONTARIO, CA M1M2N6 D () Delete GRIFFIN, RICHARD 2088 LUMBERMAN LANE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
itle: ame: ddress: iity-St-Zip: itle: ame: ddress: iity-St-Zip: itle: ddress: idy-St-Zip: itle: ddress: iity-St-Zip: itle: ddress: idy-St-Zip: itle: ddress:	PD () Delete GRIFFIN, MELVIN 3905 AVENIDA MADERA BRADENTON, FL 34210 SD () Delete GRIFFIN, BRUCE 35 EASTVILLE RD TORONTO, ONTARIO, CA M1M2N6 D () Delete GRIFFIN, RICHARD 2088 LUMBERMAN LANE	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: MELVIN W. GRIFFIN PRES 07/23/2007