2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000001493

1. Entity Name
THE RALPH HOLDEN CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
969 A1A HILLSBORO BEACH, FL 33062	969 A1A HILLSBORO BEACH, FL 33062

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08122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0819397
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLDEN, RALPH
969 A1A
HILLSBORO BEACH, FL 33062

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLDEN, RALPH
STREET ADDRESS	969 A1A
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	D
NAME	DUNGAN, ROBERT
STREET ADDRESS	93 PAGE AVE
CITY-ST-ZIP	ASHEVILLE, NC 28801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ralph Holden 8-13-08 954-480-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #