

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002050

1. Entity Name
THE HENRY G. AND IDA L. GRIFFIS FOUNDATION, INC.



Principal Place of Business
**1301 RIVERPLACE BLVD., SUITE 2640
JACKSONVILLE, FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD., SUITE 2640
JACKSONVILLE, FL 32207**



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3512273

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDERSON, KENNETH G
1301 RIVERPLACE BLVD., SUITE 2640
JACKSONVILLE, FL 32207**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000215562
02/05/05-80013-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIS, HENRY G SR.
STREET ADDRESS	8265 MAGNOLIA ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32234

TITLE	D
NAME	GRIFFIS, IDA L
STREET ADDRESS	8625 MAGNOLIA ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32234

TITLE	D
NAME	GRIFFIS, HENRY G JR.
STREET ADDRESS	165 N. ROSCOE BLVD.
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	D
NAME	CUNNINGHAM, SHARON L
STREET ADDRESS	9501 LOEST RD.
CITY - ST - ZIP	JACKSONVILLE, FL 32234

TITLE	D
NAME	MOSLEY, DIANA S
STREET ADDRESS	8737 MAGNOLIA ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32234

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Henry G. Griffis, Sr. 9-4-289-7011

Date
2/2/05

Daytime Phone #