2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000003158

1. Entity Name
GERMAINE A. LEGRAS FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
418 CANAL STREET NEW SMYRNA BEACH, FL 32168	418 CANAL STREET NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3526137

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELOACH, J B
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168

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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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARSHALL, GERMAINE L
STREET ADDRESS	154 SWEET BAY AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	STD
NAME	HALSEMA, MICHAEL D
STREET ADDRESS	1860 RENZULLI ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VD
NAME	DELOACH, J B
STREET ADDRESS	418 CANAL ST
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	BIENKO, DEBRA
STREET ADDRESS	66 WINDWOOD DR
CITY-ST-ZIP	GLASTONBURY, CT 06033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/08-30004-003 61.25

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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: _____ 1-9-06 386-427-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #