

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003192

1. Entity Name
**CHARLES AND JEAN WOODSBY PRIVATE
FOUNDATION, INC.**



Principal Place of Business
**1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837**

Mailing Address
**1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837**



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3515126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DARMOC, DENNIS
1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

**000000726137
05/03/07-80049-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODSBY, CHARLES 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, DENNIS 1650 W 82ND ST, SUITE 1100 BLOOMINGTON, MN 55431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DARMOC, DENNIS 1260 CENTRAL FLORIDA PKWY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:

COMPANYS

4/23/07

407 857-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #