

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

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N98000003781

1. Entity Name
RAMSEUR FAMILY FOUNDATION, INC.



Principal Place of Business
**803 BEN LOMOND DR.
TEMPLE TERR., FL 33617**

Mailing Address
**803 BEN LOMOND DR.
TEMPLE TERR., FL 33617**



04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3522100 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**RAMSEUR, HENRY M
803 BEN LOMOND DR.
TEMPLE TERR., FL 33617**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | RAMSEUR, HENRY M |
| STREET ADDRESS | 803 BEN LOMOND DR. |
| CITY-ST-ZIP | TEMPLE TERR., FL 33617 |
| TITLE | VD |
| NAME | RAMSEUR, JOHN M |
| STREET ADDRESS | 803 BEN LOMOND DR. |
| CITY-ST-ZIP | TEMPLE TERR., FL 33617 |
| TITLE | V |
| NAME | RAMSEUR, SUSAN M |
| STREET ADDRESS | 803 BEN LOMOND DR. |
| CITY-ST-ZIP | TEMPLE TERR., FL 33617 |
| TITLE | STD |
| NAME | RAMSEUR, JEANNE M |
| STREET ADDRESS | 803 BEN LOMOND DR. |
| CITY-ST-ZIP | TEMPLE TERR., FL 33617 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

0000000752442
05/21/07-80017-006 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Henry M Ramsey
Henry Ramsey, Director

4-29-07 913988 1346