

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
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**



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3522100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2008**

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**

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 #

4-28-08 813 988 1346

Henry M. Ramseur