

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

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000004274**

1. Entity Name  
**THE VALENTINE CHARITABLE FOUNDATION, INC.**



Principal Place of Business  
**FOUR ISLE RIDGE WEST  
HOBE SOUND, FL 33455**

Mailing Address  
**FOUR ISLE RIDGE WEST  
HOBE SOUND, FL 33455**



02202008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3603584**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLARK, AUDREY I  
FOUR ISLE RIDGE WEST  
HOBE SOUND, FL 33455**

**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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
CLARK, AUDREY I  
FOUR ISLE RIDGE WEST  
HOBE SOUND, FL 33455**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
CLARK, PETER  
THOMSON RD  
CHARLOTTESVILLE, VA 22903**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
MOORE, SANDRA C  
606 EAST DRIVE  
SEWICKLEY, PA 15143**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000857210  
03/31/08-80005-003 61.25

**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:**

*X Audrey I Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/11/08*

Date

*772-546-7555*

Daytime Phone #