

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90016 030 ****61.25

DOCUMENT # N98000006490

1. Entity Name
THE EWING LOG HOUSE FOUNDATION, INC.



Principal Place of Business
222 LAKEVIEW AVE, SUITE 910
WEST PALM BEACH, FL 33401

Mailing Address
222 LAKEVIEW AVE, SUITE 910
WEST PALM BEACH, FL 33401

40005071



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1625020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRESSLY, JAMES G JR
222 LAKEVIEW AVE, SUITE 910
WEST PALM BEACH, FL 33401

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GRACE, JANE R
126 SEAGRAPE CIRCLE
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WARREN, ROBIN G
2830 CALZADA AVE
SANTA YNEZ, CA 93460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GRACE, LEONARD A
156 NARRAGANSETT AVENUE, BLDG. #1 UNIT 2
NEWPORT, RI 02840
*MOONWATCH
126 OCEAN AVENUE
NEWPORT, RI 02840*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

1/19/2007 561-659-4040