

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

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90036 042 ****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



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
31-1625020

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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

TITLE	STD
NAME	GRACE, LEONARD A
STREET ADDRESS	126 OCEAN AVE
CITY-ST-ZIP	NEWPORT, RI 02840

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 18, 2008

561-655-4656