

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000007141			
1. Entity Name THE BLYLER/THOMPSON FOUNDATION, INC.			
Principal Place of Business #10 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32082		Mailing Address P.O. BOX 3679 PONTE VEDRA BEACH FL 32004	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3546806		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, WILLIAM B #10 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32082		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD THOMPSON, NANCY R #10 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32082	☐ Delete	☐ Change ☐ Add U00000423314 02/18/06-00003-007 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD THOMPSON, WILLIAM B #10 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32004	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLEY, FAY B #10 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32004	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NEWTON, JAMES H #10 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32082	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

William B Thompson 904-280-929