

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-15-2007 90049 047 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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 title, if applicable

(NOTE: Registered Agent's signature required when revoking)

DATE

FILE NOW: FEE IS \$81.25
Due By May 1, 2007

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

TITLE	PSD	☐ Delete
NAME	THOMPSON, NANCY R	
STREET ADDRESS	#10 LITTLE BAY HARBOR	
CITY ST ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VTD	☐ Delete
NAME	THOMPSON, WILLIAM B	
STREET ADDRESS	#10 LITTLE BAY HARBOR	
CITY ST ZIP	PONTE VEDRA BEACH FL 32004	
TITLE	D	☐ Delete
NAME	WILLEY, FAY B	
STREET ADDRESS	#10 LITTLE BAY HARBOR	
CITY ST ZIP	PONTE VEDRA BEACH FL 32004	
TITLE	VP	☐ Delete
NAME	NEWTON, JAMES H	
STREET ADDRESS	#10 LITTLE BAY HARBOR	
CITY ST ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

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.

SIGNATURE:

William B. Thompson, VTD

3/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William B. Thompson