


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90104 006 \*\*\*\*61.25

<b>DOCUMENT # N99000000236</b> 1. Entity Name <b>WHIBBS CHARITABLE FOUNDATION, INC.</b>					
Principal Place of Business <b>3401 NAVY BOULEVARD PENSACOLA, FL 32505</b>			Mailing Address <b>3401 NAVY BOULEVARD PENSACOLA, FL 32505</b>		
2. Principal Place of Business <b>5651 PENSACOLA BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>5651 PENSACOLA BLVD</b> Suite, Apt. #, etc.			
City & State <b>PENSACOLA, FL</b> Zip <b>32505-2545</b>		City & State <b>PENSACOLA, FL</b> Zip <b>32505-2545</b>		4. FEI Number <b>59-3549506</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MATTHEWS, EDELS F JR 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32501</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHIBBS, MARK 2315 SUMMIT BLVD. PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACEY A. COLLIER 3885 DURANGO ST PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATTHEWS, EDELS F JR 2721 BLACKSHEAR AVE PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWN FETTERMAN 24 LAKESIDE DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIBBS, VINCE SR 3260 SEVILLE DR PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JACK 761 WHITNEY DR PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIBBS, JOHN P 3165 WINDERMERE DR PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIBBS, WILLIAM P 2120 TRONJO RD PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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.					
<b>SIGNATURE:</b> <u>Vince Whibbs</u> <b>VINCE WHIBBS, SR</b>			Date <b>4/9/2004</b>		Daytime Phone # <b>850-433-7671</b>