

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 034 ****61.25

DOCUMENT # N99000002709	
1. Entity Name ROBERT FIELD BULLOCK FOUNDATION, INC.	
Principal Place of Business C/O JOHN S. BOHATCH, ESQ. 7301 SW 57 CT, STE 560 SOUTH MIAMI, FL 33143	Mailing Address C/O JOHN S. BOHATCH, ESQ. 7301 SW 57 CT, STE 560 SOUTH MIAMI, FL 33143



40024444



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0934427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOHATCH, JOHN S ESQ 7301 SW 57 CT, STE 560 SOUTH MIAMI, FL 33143	DO NOT WRITE IN THIS SPACE
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D BOHATCH, JOHN S ESQ 7301 SW 57 CT, STE 560 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTTENMACHER, EDWARD P ESQ 7301 SW 57 CT, STE 560 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOORHIES , BARBARA K VOORHIES 10175 KELSEY CREEK DRIVE KELSEYVILLE, CA 95451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOORHIES , DAVID VOORHIES 1276 N WAYNE ST STE 830 ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOORHIES , THOMAS F VOORHIES 1446 CALICO LANE ESCONDIDO, CA 92029
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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/8