

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003328

FILED
Jan 09, 2008
Secretary of State

Entity Name: PHROGUE FOUNDATION, INC.

Current Principal Place of Business:

6000 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

5965 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

Current Mailing Address:

6000 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Mailing Address:

5965 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

FEI Number: 59-3629517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BILL D
6000 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

JOHNSON, BILL D
5965 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

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.

SIGNATURE:

01/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: JOHNSON, BILL D
Address: 6000 GULF OF MEXICO DR
City-St-Zip: TAMPA, FL 34228

Title: D/T () Delete
Name: BOSWELL, G. WILLIAM JR.
Address: 20185 AYRES ROAD
City-St-Zip: BROOKSVILLE, FL 34604

Title: SD () Delete
Name: JOHNSON, MARY LOU
Address: 6000 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: PETERS, DAVID
Address: 2653 EAGLES CREST CT
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: JOHNSON, BILL D
Address: 5965 GULF OF MEXICO DR
City-St-Zip: TAMPA, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JOHNSON, MARY LOU
Address: 5965 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL D JOHNSON

DP

01/09/2008

Electronic Signature of Signing Officer or Director

Date