

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90158 027 \*\*\*\*61.25

DOCUMENT # N99000003596

1. Entity Name  
THE OGLETHORPE FAMILY FOUNDATION, INC.



Principal Place of Business  
979 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963

Mailing Address  
979 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963



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

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0925124

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENNELL, TODD W  
979 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963

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 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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME OGLETHORPE, RAYMOND J JR.  
STREET ADDRESS 629 LAKE DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

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

TITLE D ☐ Delete  
NAME OGLETHORPE, JAN J  
STREET ADDRESS 629 LAKE DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE Director ☒ Change ☐ Addition  
NAME Jean J. Oglethorpe  
STREET ADDRESS 629 Lake Drive  
CITY-ST-ZIP Vero Beach, FL 32963

TITLE D ☐ Delete  
NAME OGLETHORPE, KIMBERLY ANN  
STREET ADDRESS 629 LAKE DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE Director ☒ Change ☐ Addition  
NAME Kimberly Oglethorpe Webster  
STREET ADDRESS 775 Sarina Terrace SW  
CITY-ST-ZIP Vero Beach, FL 32968

TITLE D ☐ Delete  
NAME OGLETHORPE, KATHERINE E  
STREET ADDRESS 629 LAKE DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE Director ☒ Change ☐ Addition  
NAME Katherine Oglethorpe Toole  
STREET ADDRESS 772 24th Square  
CITY-ST-ZIP Vero Beach, FL 32962

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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 like empowered.

SIGNATURE:

*Raymond J. Oglethorpe* 4/24/08 772 234 4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #