

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004821

1. Entity Name
THE RUTH PRUITT PHILLIPS FOUNDATION INC.



Principal Place of Business
**2970 ST. JOHNS AVENUE #4-A
JACKSONVILLE, FL 32205**

Mailing Address
**2970 ST. JOHNS AVENUE #4-A
JACKSONVILLE, FL 32205**



02142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3592853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MABM CORPORATE SERVICES, INC.
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS, RUTH PRUITT
STREET ADDRESS	2970 ST. JOHNS AVENUE #4-A
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	PHILLIPS, JAMES R
STREET ADDRESS	9400 LOMBARDY LANE
CITY - ST - ZIP	LAKEWOOD, CO 80215
TITLE	D
NAME	PHILLIPS, ELWIN WEBB
STREET ADDRESS	61 RED CLOUD DRIVE
CITY - ST - ZIP	BANNER, WY 82832
TITLE	D
NAME	PRUITT, MARILYNN
STREET ADDRESS	4401 LAKESIDE DRIVE, #302
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	PRUITT, M. WEBB JR.
STREET ADDRESS	4401 LAKESIDE DRIVE, #302
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	PHILLIPS, NOAH R
STREET ADDRESS	PO BOX 6083
CITY - ST - ZIP	SHERIDAN, WY 82801

UN0000231751
02/16/05-80044-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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:

Ruth Pruitt Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 (904) 386-5825