## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N99000007082

1. Entity Name

THE LOUISE BAXTER KING CHARITABLE FOUNDATION. INC.



Principal Place of Business

798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

Mailing Address

798 S. FEDERAL HWY, STE. 100 BOCA RATON, FL 33432

## **FILED** Feb 25, 2008 08:00 AM Secretary of State



DO NO	W TC	RITE	IN T	HIS	<b>SPACE</b>
-------	------	------	------	-----	--------------

01302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0972297

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, WENDY H 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

changed, or on an attachment with

**SIGNATURE:** 

an address, with all other like empowered.

## DO NOT WRITE IN THIS SPACE

	·	<u>_</u>		73 .				
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								
SIGNATURE Signature, typed or printed name of registered agant and title it applicable (NOTE. Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	- 9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, RAY C 798 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432				000000837258 03/04/08-80048-016 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/PD DSBORNE, MARY T 198 S FEDERAL HIGHWAY, STE 100 BOCA RATON, FL 33432							
TITLE NAME STREET ADORESS CITY-ST-ZIP	750 0 7 EBERALE MONTANT, 0 12 100			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSBORNE, MOLLY SS 798 S FEDERAL HIGHWAY BOCA RATON, FL 33432			IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				E GARAGE AND				
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 affect 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								