

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

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007392

1. Entity Name
**WAYNE AND PATRICIA HOGAN FAMILY FOUNDATION,
INC.**



Principal Place of Business
**C/O WAYNE AND PATRICIA HOGAN
913 SORRENTO RD.
JACKSONVILLE, FL 32207**

Mailing Address
**C/O WAYNE AND PATRICIA HOGAN
913 SORRENTO RD.
JACKSONVILLE, FL 32207**



04192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614382

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOGAN, WAYNE
913 SORRENTO RD.
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOGAN, PATRICIA R
913 SORRENTO RD.
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHERMAN, STEVEN J
2620 FOREST POINT CT.
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000336007
04/27/05-80143-010 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia R. Hogan **PATRICIA R HOGAN** April 25, 2005 904 355-0864

Daytime Phone #