2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90034 029 ****70.00

DOCUMENT # P28297

1. Entity Name

THE SALLY STOWE CLEMENCE FAMILY FOUNDATION INCORPORATED

Principal Place of Business	Mailing Address
6600 SE BARRINGTON DRIVE STUART FL 34997 US	6600 SE BARRINGTON DRIVE STUART FL 34997 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5990 SE OAKMONT PL	5990 SE OAKMONT PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL.	City & State: STUART, FL.
Zip: 34997 Country: MARTIN	Zip: 34997 Country: MARTIN

4. FEI Number: 65-0147695 ☐ 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
CLEMENCE, SALLY S 6600 SE BARRINGTON DRIVE STUART FL 34997	Name Street Address (P.O. Box Number is Not Acceptable): 5990 SE OAKMONT PL. City: STUART FL Zip Code: 34997

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: Sally Stowe Clemence Pres Sally Stowe Clemence 2/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CLEMENCE, SALLY 6600 SE BARRINGTON DRIVE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CLEMENCE, SALLY 5990 SE OAKMONT PL STUART FL. 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAQUES, WILLIAM F III 108 OAK BLUFF RD MILFORD CT 06460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STOWE, JOAN R. 39 HIGH ST. MILFORD CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAQUES, JOHN C 587 LAMBERT RD ORANGE CT 06477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sally Stowe Clemence Sally Stowe Clemence Pres. 2/25/08 MY 219 03 12