

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704777

FILED
Jan 17, 2009
Secretary of State

Entity Name: THE BERT L. THOMAS FOUNDATION, INC.

Current Principal Place of Business:

4231 MYRTLE ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

4231 MYRTLE STREET
ST AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-0997102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, VAL P
4231 MYRTLE STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHARDSON, GERALD A
Address: P.O. BOX 49188
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: DT () Delete
Name: THOMAS, SCOTT C
Address: 3025 CULLEN LAKE SHORE DR
City-St-Zip: ORLANDO, FL

Title: DS () Delete
Name: THOMAS, VAL P
Address: 4231 MYRTLE ST
City-St-Zip: ST AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAL P. THOMAS

DIR

01/17/2009

Electronic Signature of Signing Officer or Director

Date