

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748892

FILED
Jan 06, 2009
Secretary of State

Entity Name: JOHN GILMORE RILEY FOUNDATION, INC.

Current Principal Place of Business:

419 E JEFFERSON ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

419 E JEFFERSON ST.
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 4261
TALLAHASSEE, FL 32315

New Mailing Address:

PO BOX 4261
TALLAHASSEE, FL 32315 US

FEI Number: 59-2314894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER INGRAM
118 SALEM COURT
TALLAHASSEE, FL 32301 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: JACKSON, DAVID
Address: 3133 BLENHEIM LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: BENDA, NANCY
Address: 2416 OLD ST. AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: GRIFFIN, PATRICIA
Address: PO BOX 3606
City-St-Zip: TALLAHASSEE, FL 32315

Title: V () Delete
Name: SPENCER, GWENDOLYN
Address: 3656 WEST SHAMMOCK ST
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACKSON, DAVID
Address: 3133 BLENHEIM LANE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S (X) Change () Addition
Name: BENDA, NANCY
Address: 2416 OLD ST. AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD (X) Change () Addition
Name: GRIFFIN, PATRICIA
Address: PO BOX 3606
City-St-Zip: TALLAHASSEE, FL 32315 US

Title: V (X) Change () Addition
Name: SPENCER, GWENDOLYN
Address: 3656 WEST SHAMMOCK ST
City-St-Zip: TALLAHASSEE, FL 32309 US

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: ALTHEMESE BARNES

DIR

01/06/2009

Electronic Signature of Signing Officer or Director

Date