

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 16, 2010
Secretary of State

Entity Name: SCOTT-MCRAE GROUP FOUNDATION, INC.

Current Principal Place of Business:

701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-3980789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIKER, PAMELA L
701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204 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: ST
Name: WIKER, PAMELA L
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: CPD
Name: GRAHAM, DIANE M
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D
Name: FINNEGAN, KATHRYN G
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D
Name: HODGES., DAVID C JR.
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D
Name: RANKIN, AMY L
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D
Name: GRAHAM, CAROLINE B
Address: 701 RIVERSIDE PARK PLACE, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby 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 all other like empowered.

SIGNATURE: DIANE M. GRAHAM

CPD

02/16/2010

Electronic Signature of Signing Officer or Director

_____ Date