

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706015

FILED
Jan 05, 2010
Secretary of State

Entity Name: THE ALFRED I. DUPONT FOUNDATION, INC.

Current Principal Place of Business:

10140 CENTURION PARKWAY NORTH
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

10140 CENTURION PARKWAY NORTH
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-1297267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEMARY C WILLIS
10140 CENTURION PARKWAY NORTH
JACKSONVILLE, FL 32256 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: VP
Name: CARLSON, W.W.
Address: 25 WOOD HAVEN DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: PD
Name: NEDLEY, RE
Address: PO BOX 905
City-St-Zip: PORT ST JOE, FL 32457

Title: D
Name: BRADEN K BALL, JR ESQ
Address: P O BOX 1831 N/A
City-St-Zip: PENSACOLA, FL 32598

Title: S
Name: WILLIS, ROSEMARY C
Address: 425 HAWAIIAN TERRACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: VAUGHAN, JOHN
Address: 10140 CENTURION PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD
Name: BROWNLIE, E.C.
Address: 14616 SAN PABLO DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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: W.W. CARLSON

V.P.

01/05/2010

Electronic Signature of Signing Officer or Director

Date