2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# 708289

Entity Name: JOSEPH F. CORNELIUS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2 SEA SIDE LANE
#104
BELLEAIR, FL 33756

New Principal Place of Business:

Current Mailing Address:

TWO SEASIDE LANE
#104
BELLEAIR, FL 33756 US

New Mailing Address:

FEI Number: 59-1084951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWN, KAREN C
2 SEASIDE LANE
#104
BELLEAIR, FL 33759 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:	D	( ) Delete
Name:	CROWN FREEMAN, KELLY	
Address:	1720 EAGLES NEST DRIVE	
City-St-Zip:	BELLAIR, FL 33756	
Title:	D	( ) Delete
Name:	CORNELIUS, JAY F	
Address:	1035 IMPALA DRIVE	
City-St-Zip:	AKRON, OH 44319	
Title:	DSP	( ) Delete
Name:	CROWN, KAREN C,	
Address:	2 SEASIDE LANE STE 104	
City-St-Zip:	BELLEAIR, FL	
Title:	DV	( ) Delete
Name:	CORNELIUS, JOSEPH F, JR	
Address:	2844 KENT ROAD	
City-St-Zip:	CUYAHOGA FALLS, OH	
Title:	D	( ) Delete
Name:	CORNELIUS, JANINE K.	
Address:	2533 SIMS BLVD	
City-St-Zip:	TAMPA, FL 33609	
Title:	T	( ) Delete
Name:	TURNER, GINGER C	
Address:	1712 JETTON #B	
City-St-Zip:	TAMPA, FL 33611	

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:	
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: KAREN C. CROWN PRES 04/14/2008

Electronic Signature of Signing Officer or Director — Date