

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709541

FILED
Apr 30, 2008
Secretary of State

Entity Name: A.P. PHILLIPS FOUNDATION, INC.

Current Principal Place of Business:

3021 GREENMOUNT ROAD
ORLANDO, FL 32606

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 560126
ORLANDO, FL 328560126

New Mailing Address:

FEI Number: 59-6165157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 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: WELLS, DORIS K
Address: P O BOX 560126
City-St-Zip: ORLANDO, FL 32856

Title: VTD () Delete
Name: ADAMS, CARLA W
Address: 3021 GREENMOUNT ROAD
City-St-Zip: ORLANDO, FL 32606

Title: D () Delete
Name: ADAMS, THOMAS L
Address: 3021 GREENMOUNT ROAD
City-St-Zip: ORLANDO, FL 32606

Title: SD () Delete
Name: JORDAN, JUDITH
Address: 1318 EDMUNDSHIRE LANE
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Delete
Name: HARPER IV, HARVEY H
Address: 3337 FLORENE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, CARLA W
Address: 3021 GREENMOUNT RD
City-St-Zip: ORLANDO, FL 32806

Title: VD (X) Change () Addition
Name: HARPER IV, HARVEY H
Address: 3337 FLORENE
City-St-Zip: ORLANDO, FL 32806

Title: TD (X) Change () Addition
Name: ADAMS, THOMAS L
Address: 3021 GREENMOUNT ROAD
City-St-Zip: ORLANDO, FL 32606

Title: SD (X) Change () Addition
Name: HARPER, KIMBERLY M
Address: 3337 FLORENE
City-St-Zip: ORLANDO, FL 32806

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: CARLA W. ADAMS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date