

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714131

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE HUNTER GRUBB FOUNDATION, INC.

Current Principal Place of Business:

OLIVER HARRIS III PA
963 SE FEDERAL HIGHWAY
STUART, FL 34994

New Principal Place of Business:

963 SE FEDERAL HIGHWAY
STUART, FL 34994

Current Mailing Address:

OLIVER HARRIS III PA
963 SE FEDERAL HIGHWAY
STUART, FL 34994

New Mailing Address:

963 SE FEDERAL HIGHWAY
C/O OLIVER HARRIS
STUART, FL 34994

FEI Number: 59-6202749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, OLIVER III PA
963 SE FEDERAL HIGHWAY
STUART, FL 34994 US

Name and Address of New Registered Agent:

HARRIS, OLIVER H
963 SE FEDERAL HIGHWAY
STUART, FL 34994 US

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: OLIVER H. HARRIS

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HANNUM, HUNTER G.
Address: 10 LAUREL DRIVE, P.O. BOX 190
City-St-Zip: OLD LYME, CT 06371

Title: VSD () Delete
Name: HANNUM, HILDEGARDE
Address: 10 LAUREL DRIVE, P.O. BOX 190
City-St-Zip: OLD LYME, CT

Title: D () Delete
Name: KITCHINGS, SUZANNE
Address: 7 HALLS RD, P.O. BOX 187
City-St-Zip: OLD LYME, CT 06371

Title: D () Delete
Name: FULWILER, CARL, M.D.
Address: 203 WALNUT ST.
City-St-Zip: NEWTON, MA 02460

Title: VPD () Delete
Name: HOLMES, LISA K
Address: 103 FERRY ROAD, P.O. BOX 99
City-St-Zip: HADLYME, CT 06439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HANNUM, HUNTER G
Address: 10 LAUREL DRIVE, P.O. BOX 578
City-St-Zip: OLD LYME, CT 06371

Title: VSD (X) Change () Addition
Name: HANNUM, HILDEGARDE
Address: 10 LAUREL DRIVE, P.O. BOX 578
City-St-Zip: OLD LYME, CT 06371

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FULWILER, CARL MD
Address: 203 WALNUT ST.
City-St-Zip: NEWTON, MA 02460

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: HILDEGARDE HANNUM

VSD

04/13/2009

Electronic Signature of Signing Officer or Director

Date