

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714485

FILED
Jan 21, 2009
Secretary of State

Entity Name: WALTER S. PIERCE FOUNDATION, INC.

Current Principal Place of Business:

C/O WILLIAM H. CAUTHEN
215 N. JOANNA AVE.
TAVARES, FL 327783200

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM H. CAUTHEN
215 N. JOANNA AVE.
TAVARES, FL 327783200

New Mailing Address:

FEI Number: 23-7292648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUTHEN, WILLIAM H
215 N. JOANNA AVE.
TAVARES, FL 327783200 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: FERLITA, SAM
Address: 3302W AZCELEST SUITE A
City-St-Zip: TAMPA, FL 33609

Title: VPSD () Delete
Name: CAUTHEN, WILLIAM H.,
Address: 215 JOANNA AVENUE
City-St-Zip: TAVARES, FL

Title: VP () Delete
Name: HYMAN, DAVID
Address: 3415 BOH DRIVE SOUTH
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: FERLITA, SAM
Address: 3302 W AZEELE ST SUITE A
City-St-Zip: TAMPA, FL 33609

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

Title: VPD (X) Change () Addition
Name: HYMAN, DAVID
Address: 3415 BOH DRIVE SOUTH
City-St-Zip: TAMPA, FL 33629

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: WILLIAM H. CAUTHEN

VPD

01/21/2009

Electronic Signature of Signing Officer or Director

Date