2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 718544

Entity Name: ST. JOHNS RIVER COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

5001 ST JOHNS AVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

5001 ST JOHNS AVE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 23-7336585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEPUTY, MEGHAN E MS.
5001 ST. JOHNS AVENUE
PALATKA, FL 32177 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: P ( ) Delete
Name: MCCLAIN, WAYNE MR.
Address: 350 NORTH STATE ROAD 19
City-St-Zip: PALATKA, FL 32177

Title: VP ( ) Delete
Name: MILLER, MELISSA C MS.
Address: 5001 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32177

Title: ST ( ) Delete
Name: TINGLE, CAROLINE D MS.
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: MCLENDON, ROBERT L DR.
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: ED ( ) Delete
Name: DEPUTY, MEGHAN E MS.
Address: 5001 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

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: D (X) Change ( ) Addition
Name: PICKEN, JOE H MR.
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

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: MEGHAN DEPUTY ED 04/15/2009
Electronic Signature of Signing Officer or Director — Date