2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722148

Entity Name: ADFAM CHARITIES, INC.

FILED Apr 24, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4310 PABLO OAKS COURT 4310 PABLO OAKS COURT US US JACKSONVILLE FLA, 32224 JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

P.O. BOX 19366 PO BOX 19366

JACKSONVILLE, FL 322459366 US JACKSONVILLE, FL 322459366 US

FEI Number: 59-6128575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZAHRA, E. ELLIS JR 4310 PÁBLO OAKS COURT JACKSONVILLE, FL 32224 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VTD (X) Change () Addition () Delete SKELTON, H.J. ZAHRA, E ELLIS JR Name: Name: Address:

4310 PALBLO OAKS COURT Address: 4310 PALBLO OAKS COURT City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: Title: (X) Change () Addition () Delete THORNE, SUSAN C Name: FITZGERALD, CAROLINE D Name: Address: 4310 PABLO OAKS COURT Address: 4310 PABLO OAKS COURT City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: DP () Delete Title: (X) Change () Addition

DAVIS, ROBERT D DAVIS, ROBERT D Name: Name: 4310 PABLO OAKS COURT 4310 PABLO OAKS COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: Title: (X) Change () Addition () Delete

OKO, SCOTT Name: Name: OKO, SCOTT A 4310 PABLO OAKS COURT 4310 PABLO OAKS COURT Address: Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: VAS VAS () Delete Title: (X) Change () Addition

FRANCIS, H.D. FRANCIS, HARRY D Name: Name: 4310 PABLO OAKS COURT 4310 PABLO OAKS COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: () Change (X) Addition

MORGAN, JUDY B Name: Name: Address: Address: 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224 City-St-Zip: 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: JUDY B MORGAN S 04/24/2009