2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722188

Entity Name: M. AUSTIN DAVIS FOUNDATION, INC.

Apr 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4310 PALBO OAKS COURT JACKSONVILLE, FL 32224 US

Current Mailing Address: New Mailing Address:

P.O. BOX 19366 JACKSONVILLE, FL 322459366 US

FEI Number: 59-6128871 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 JR., E. ELLIS ZAHRA, E ELLIS JR 4310 PABLÓ OAKS COURT 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224 US JACKSONVILLE, FL 32224 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: E ELLIS ZAHRA, JR 04/24/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete STEPHENS, SANDRA D STEPHENS, SANDRA D Name: Name:

ONE PASCHALL RD Address: ONE PASCHALL RD Address: City-St-Zip: PEACHTREE CITY, GA 30269 City-St-Zip: PEACHTREE CITY, GA 30269

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

STEPHENS, CHARLES P Name: STEPHENS, CHARLES P Name:

Address: ONE PASCHALL RD Address: ONE PASCHALL RD City-St-Zip: PEACHTREE CITY, GA 30269 City-St-Zip: PEACHTREE CITY, GA 30269

Title: () Delete Title: (X) Change () Addition THORNE, SUSAN C Name: OKO, SCOTT A Name:

4310 PABLO OAKS CT. 4310 PABLO OAKS CT. Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

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

Name: DAVIS, ALICE K. Name: ZAHRA, E ELLIS JR

4310 PABLO OAKS CT Address: Address: 4310 PABLO OAKS CT City-St-Zip: JACKSONVILLE, FL 322249631 City-St-Zip: JACKSONVILLE, FL 322249631

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

FRANCIS, H.D. Name: Name: FRANCIS, HARRY D 4310 PABLO OAKS COURT 4310 PABLO OAKS COURT Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL 322249631

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

MORGAN, JUDY B Name: Name: Address: Address: 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 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