

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729461

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** THE NEMOURS FOUNDATION

**Current Principal Place of Business:**

10140 CENTURION PARKWAY NORTH  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

10140 CENTURION PARKWAY NORTH  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 59-0634433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPARKS, STEVEN R  
10140 CENTURION PARKWAY NORTH  
JACKSONVILLE, FL 32256 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:** VCD  
**Name:** CHRISTOPHER, RICHARD T  
**Address:** 10140 CENTURION PARKWAY NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** P  
**Name:** BAILEY, DAVID J MD  
**Address:** 10140 CENTURION PARKWAY NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** D  
**Name:** DURDEN, HUGH M  
**Address:** 10140 CENTURION PARKWAY NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

**Title:** AS  
**Name:** GIROUARD, MARYLYNN  
**Address:** 10140 CENTURION PARKWAY NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** CD  
**Name:** LORD, JOHN S  
**Address:** 10140 CENTURION PARKWAY NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** CS  
**Name:** SPARKS, STEVEN R  
**Address:** 10140 CENTURION PARKWAY NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

**SIGNATURE:** STEVEN R. SPARKS

CS

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date