2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# 738371

Entity Name: WILLIAM M. HALL, JR. FOUNDATION, INC.

Current Principal Place of Business:

4214 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4214 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1731934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALL, WILLIAM M.
4214 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HALL, WILLIAM M
4214 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 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: WILLIAM M. HALL 06/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HALL, WILLIAM M
Address: 4214 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete
Name: PITTMAN, BERT
Address: 8777 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE FL,

Title: STD (X) Delete
Name: MAHONEY, R B
Address: 2939 YALE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: PURCELL, MARGARET A
Address: 3482 LAKESHORE BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HALL, WILLIAM M
Address: 4214 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD (X) Change ( ) Addition
Name: MAHONEY, RANDOLPH B
Address: 4495 ROOSEVELT BLVD SUITE 304
City-St-Zip: JACKSONVILLE, FL 32210

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

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: WILLIAM M HALL PD 06/24/2009
Electronic Signature of Signing Officer or Director Date