2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# 753076

Entity Name: FLORIDA GOVERNOR'S MANSION FOUNDATION, INC.

Current Principal Place of Business:

700 N. ADAMS STREET
TALLAHASSEE, FL 323036131

New Principal Place of Business:

Current Mailing Address:

700 N. ADAMS STREET
TALLAHASSEE, FL 323036131

New Mailing Address:

FEI Number: 59-2015681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMANSON, CARLY
THE CAPITOL
ROOM 209
TALLAHASSEE, FL 32399 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:	SHANAHAN, KATHLEEN	
Address:	221 HOBBS ST #108	
City-St-Zip:	TAMPA, FL 33619	
Title:	V	( ) Delete
Name:	SARGEANT, DEBORAH	
Address:	1420 N OCEAN BLVD	
City-St-Zip:	GULF STREAM, FL 33483	
Title:	T	( ) Delete
Name:	DUPREE, ABBY	
Address:	2640A MITCHUM DR	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	S	( ) Delete
Name:	WOOD, MARGARET	
Address:	1901 BRIGHTWATERS BLVD NE	
City-St-Zip:	ST PETERSBURG, FL 33704	

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:	( ) 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: ABBY DUPREE CPA 01/10/2009

Electronic Signature of Signing Officer or Director — Date