


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # 762856 1. Entity Name OLD PHILADELPHIA ENDOWMENT ASSOCIATION	
---	---

Principal Place of Business C/O ALEXANDER L. HINSON 1350 ATTAPULQUS HWY QUINCY, FL 32352	Mailing Address C/O ALEXANDER L. HINSON PO BOX 595 QUINCY, FL 32352
--	---

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6136108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HINSON, ALEXANDER L 121 N MADISON STREET QUINCY, FL 32351
--

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000778674 01/11/08-30007-002 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUNT H MAY, JR 835 ATTAPULGUS HIGHWAY QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HINSON, A L 1350 ATTAPULQUS HWY QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOONER, MICHAEL J 414 W. LIVE OAK LANE HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/9/08 850-875-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #