

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762856

FILED
Jan 07, 2009
Secretary of State

Entity Name: OLD PHILADELPHIA ENDOWMENT ASSOCIATION

Current Principal Place of Business:

C/O ALEXANDER L. HINSON
1350 ATTAPULQUS HWY
QUINCY, FL 32352

New Principal Place of Business:

C/O ALEXANDER L. HINSON
1350 ATTAPULGUS HWY
QUINCY, FL 32352

Current Mailing Address:

C/O ALEXANDER L. HINSON
PO BOX 595
QUINCY, FL 32352

New Mailing Address:

C/O ALEXANDER L. HINSON
PO BOX 595
QUINCY, FL 32352

FEI Number: 59-6136108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINSON, ALEXANDER L
121 N MADISON STREET
QUINCY, FL 32351 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: PD () Delete
Name: FOUNT H MAY, JR
Address: 835 ATTAPULGUS HIGHWAY
City-St-Zip: QUINCY, FL 32352

Title: STD () Delete
Name: HINSON, A L
Address: 1350 ATTAPULQUS HWY
City-St-Zip: QUINCY, FL 32352

Title: VD () Delete
Name: DOONER, MICHAEL J
Address: 414 W. LIVE OAK LANE
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: HINSON, A L
Address: 1350 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32352

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: ALEXANDER L. HINSON

ST

01/07/2009

Electronic Signature of Signing Officer or Director

Date