

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821407

Entity Name: ROWLAND FOUNDATION, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

410 N. MAIN ST
WINCHESTER, KY 40391

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 365
WINCHESTER, KY 403920365

New Mailing Address:

FEI Number: 61-0653212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIER, BETTY JEAN
401 NW 6TH ST
% CONELY & CONELY
OKEECHOBEE, FL 33472 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: PTD () Delete
Name: SHELTON, WILLIAM N
Address: 4565 ECTON RD
City-St-Zip: WINCHESTER, KY 40391

Title: SD () Delete
Name: CROSBY, SHANDA P
Address: 1141 LAFAYETTE BLVD
City-St-Zip: WINCHESTER, KY 40391

Title: VDS () Delete
Name: CROSBY, DELENE R
Address: 366 GREENWAY DR
City-St-Zip: WINCHESTER, KY 40391

Title: D () Delete
Name: SHELTON, RUTH
Address: 4565 ECTON RD
City-St-Zip: WINCHESTER, KY 40391

Title: D () Delete
Name: SHELTON, STEVEN L
Address: 4565 ECTON RD
City-St-Zip: WINCHESTER, KY 40391

Title: D () Delete
Name: CROSBY, STEVE
Address: 1141 LAFAYETTE BLVD
City-St-Zip: WINCHESTER, KY 40391

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:

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 for the exemption stated in Section 119.07(3)(i), 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 N. SHELTON

PTD

04/23/2004

Electronic Signature of Signing Officer or Director

Date