

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000652

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE SHANNON MOSHER MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

3589 ROCK ELM COURT
AUBURN, GA 30011 US

New Principal Place of Business:

Current Mailing Address:

3589 ROCK ELM COURT
AUBURN, GA 30011 US

New Mailing Address:

FEI Number: 58-2565327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGBY, GARY A
301 S.E. 17TH STREET
OCALA, FL 34471 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: CP () Delete
Name: MOSHER, STUART L
Address: 3589 ROCK ELM COURT
City-St-Zip: AUBURN, GA 30011 US

Title: VCST () Delete
Name: MOSHER, TERESA G
Address: 3589 ROCK ELM COURT
City-St-Zip: AUBURN, GA 30011 US

Title: D () Delete
Name: HILLIS, BRIAN
Address: 1799 RANGEWOOD DR
City-St-Zip: LILBURN, GA 30047 US

Title: D () Delete
Name: MORRIS, LARRY
Address: 3879 NORTHLAKE CREEK DRIVE
City-St-Zip: TUCKER, GA 30084 US

Title: D () Delete
Name: PUCKETT, PAT
Address: 14654 TANGA KING BLVD
City-St-Zip: ORLANDO, FL 32828 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HILLIS, BRIAN
Address: 1799 RANGEWOOD DRIVE SW
City-St-Zip: LILBURN, GA 30047 US

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

Title: D (X) Change () Addition
Name: MOSHER, SCOTT
Address: 530 MORNING DOVE LANE
City-St-Zip: SUWANEE, GA 30024 US

Title: D () Change (X) Addition
Name: BOND, SUSAN
Address: 1027 COLONY CREEK DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30043

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: STUART L MOSHER

CP

03/05/2009

Electronic Signature of Signing Officer or Director

Date