

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001309

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE FOLEY FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

601 RIVERSIDE AVENUE
12TH FLOOR
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

601 RIVERSIDE AVENUE
12TH FLOOR
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 77-0472642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, GREGORY S
601 RIVERSIDE AVENUE
12TH FLOOR
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

JOHNSON, TODD
601 RIVERSIDE AVENUE
1ST FLOOR
JACKSONVILLE, FL 32204 US

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: TODD JOHNSON

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOLEY, LINDSAY E
Address: 160 STAGELINE DRIVE
City-St-Zip: WHITEFISH, MT 59937

Title: SCFD () Delete
Name: FOLEY, CAROL J
Address: 133 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: FOLEY, WILLIAM P II
Address: 133 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: STINSON, ALAN L
Address: 913 WISCONSIN AVENUE, SUITE 201
City-St-Zip: WHITEFISH, MT 59937

Title: D () Delete
Name: SADOWSKI, PETER T
Address: 6068 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: DEWEY, EDWARD E
Address: 47 VIA ALICIA
City-St-Zip: SANTA BARBARA, CA 93108

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 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: LINDSAY E. FOLEY

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date