

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000579

FILED
Mar 16, 2009
Secretary of State

Entity Name: LESLIE AND BONNIE TRAWICK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1311 PINEY GROVE RD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1311 PINEY GROVE ROAD
CHIPLEY, FL 32428

New Mailing Address:

1311 PINEY GROVE RD
CHIPLEY, FL 32428

FEI Number: 59-3621697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, JENEE T
91311 PINEY GROVE RD
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

FLOYD, JENEE T
1311 PINEY GROVE RD
CHIPLEY, FL 32428 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:

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRAWICK, JAMES L JR
Address: 1340 PINEY GROVE RD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: TRAWICK, EMMA
Address: 1340 PINEY GROVE RD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: TRAWICK, JAMES J
Address: 8348 CR 204
City-St-Zip: GRANDVIEW, TX 76050

Title: D () Delete
Name: TRAWICK, KAY
Address: 8348 CR 204
City-St-Zip: GRANDVIEW, TX 76050

Title: D () Delete
Name: FLOYD, JENEE T
Address: 1311 PINEY GROVE RD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: FLOYD, JON
Address: 1311 PINEY GROVE RD
City-St-Zip: CHIPLEY, FL 32428

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: JENEE T FLOYD

DIR

03/16/2009

Electronic Signature of Signing Officer or Director

Date