2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N00000002935

Entity Name: RAPSON FOUNDATION, INC.

Current Principal Place of Business:

1111 S LAKEMONT AVENUT APT 401
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

5479 FOMORIN RD.
WILLIAMSBURG, OH 45176

New Mailing Address:

FEI Number: 59-3648001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR, ESQ
GATEWAY CTR STE 1799
1000 LEGION PLACE
ORLANDO, FL 32801 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: D ( ) Delete
Name: RAPSON, DOROTHY B
Address: 1111 S LAKEMONT AVE, APT 401
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: RAPSON, ROBERT B
Address: 5479 FOMORIN RD.
City-St-Zip: WILLIAMSBURG, OH 45176

Title: D ( ) Delete
Name: MULINARE, ANTHONY
Address: 2461 DELORAINE TR
City-St-Zip: MAITLAND, FL 32792

Title: D ( ) Delete
Name: WHITE, RUTH H
Address: 5120 S R 138
City-St-Zip: HILLSBORO, OH 45133 US

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:

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: ROBERT BOONE RAPSON D 02/13/2009

Electronic Signature of Signing Officer or Director — Date