

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003679

FILED
Apr 14, 2009
Secretary of State

Entity Name: SLOCUM FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1544 SKYLINE DRIVE
KISSIMMEE, FL 34744

New Principal Place of Business:

3787 PALM VALLEY ROAD
SUITE102-350
PONTE VEDRA, FL 32082

Current Mailing Address:

4417 13TH STREET
SUITE 508
SAINT CLOUD, FL 34769

New Mailing Address:

3787 PALM VALLEY ROAD
SUITE102-350
PONTE VEDRA, FL 32082

FEI Number: 59-3651001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOCUM, GAIL W
1544 SKYLINE DRIVE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

SLOCUM, GAIL W
192 ORCHARD PASS AVE.
UNIT 542
PONTE VEDRA, FL 332081 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLOCUM, GAIL W
Address: 1544 SKYLINE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: SLOCUM, LAWRENCE D
Address: 1544 SKYLINE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: SLOCUM DALPHOND, LINDSEY
Address: 1207 EDGE DRIVE
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

Title: D () Delete
Name: SLOCUM, BRIAN
Address: 34-20 79TH ST, APT. 2I
City-St-Zip: JACKSON HEIGHTS, NY 11372

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SLOCUM, GAIL W
Address: 192 ORCHARD PASS AVE., UNIT 542
City-St-Zip: PONTE VEDRA, FL 32081

Title: D (X) Change () Addition
Name: SLOCUM, LAWRENCE D
Address: 192 ORCHARD PASS AVE., UNIT 542
City-St-Zip: PONTE VEDRA, FL 32081

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: LAWRENCE SLOCUM

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date