

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006536

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** FRANCES BARTLETT KINNE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1800 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1800 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3670528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HYERS, CURTIS CPA  
1800 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207 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:** PD  
**Name:** BARTLETT KINNE, FRANCES  
**Address:** 4032 MISSION HILL CIRCLE, W  
**City-St-Zip:** JACKSONVILLE, FL 322254635

**Title:** SD  
**Name:** HYERS, RUTH M  
**Address:** 1226 GLENGARRY ROAD  
**City-St-Zip:** JACKSONVILLE, FL 322072140

**Title:** TD  
**Name:** HYERS, J. CURTIS  
**Address:** 1226 GLENGARRY ROAD  
**City-St-Zip:** JACKSONVILLE, FL 322072140

I hereby 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 all other like empowered.

**SIGNATURE:** J CURTIS HYERS

TD

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date