2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N00000007332

Entity Name: THE SHERMON C. BURGESS FOUNDATION, INC.

Current Principal Place of Business:

4815 MAID MARION LANE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4815 MAID MARION LANE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3680441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B ESQ.
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 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: BURGESS, MARGARET L
Address: 4815 MAID MARION LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: BURGESS, A. LYNN
Address: 6433 ALESHEBA LANE
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: BURGESS, SHERMON C
Address: 4815 MAID MARION LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: HOOD, MERRI BETH
Address: 7415 SECRET WOODS DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

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: SHERMON C. BURGESS D 01/19/2009

Electronic Signature of Signing Officer or Director — Date