

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001142

FILED
Apr 13, 2005
Secretary of State

Entity Name: J.C. AND BERTA WALDRON EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

3618 WOODTRAIL SW
DECATUR, AL 35603

New Principal Place of Business:

Current Mailing Address:

3618 WOODTRAIL SW
DECATUR, AL 35603

New Mailing Address:

FEI Number: 59-3695901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, NORMAN H JR.
7740 DEEPWOODS TRAIL
TALLAHASSEE, FL 32301 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: VP () Delete
Name: WALDRON, DARRYLE M
Address: 3618 WOODTRAIL SW
City-St-Zip: DECATUR, AL 35603

Title: S () Delete
Name: WALDRON, NANCY H
Address: 4542 S JEFFERSON ST
City-St-Zip: LAMONT, FL 32336

Title: P () Delete
Name: WALDRON, GREGORY W SR
Address: 1330 5TH ST NE, #194
City-St-Zip: HICKORY, NC 28601

Title: D () Delete
Name: WALDRON, DONNA
Address: 1330 5TH ST NE, #194
City-St-Zip: HICKORY, NC 28601

Title: D () Delete
Name: MESSER, BETTY
Address: 1490 E JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: FAGLIE, ROY
Address: RT 4 BOX 40285
City-St-Zip: MONTICELLO, FL 32344

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 for the exemption stated in Section 119.07(3)(i), 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: DARRYLE M. WALDRON

VP

04/13/2005

Electronic Signature of Signing Officer or Director

Date