

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004240

FILED
Mar 05, 2010
Secretary of State

Entity Name: CRAWFORD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

9995 GATE PARKWAY NORTH
SUITE 150
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY NORTH
SUITE 150
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3725418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIOSA, DOUGLAS R
9995 GATE PARKWAY NORTH
SUITE 150
JACKSONVILLE, FL 32246 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: DC
Name: CRAWFORD, FELIX A
Address: 9995 GATE PARKWAY NO., STE 150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DP
Name: CRAWFORD, ANTONIO
Address: 9995 GATE PARKWAY NO., STE 150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DV
Name: CANNAN, PATRICIA
Address: 9995 GATE PARKWAY NO., STE 150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DTS
Name: AIOSA, DOUGLAS R
Address: 9995 GATE PARKWAY NO., STE 150
City-St-Zip: JACKSONVILLE, FL 32246

Title: DV
Name: MCCRIMON, MARY C
Address: 9995 GATE PARKWAY NORTH, STE 150
City-St-Zip: JACKSONVILLE, FL 32246

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: DOUGLAS R AIOSA

DTS

03/05/2010

Electronic Signature of Signing Officer or Director

Date