2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006019

FILED Jan 20, 2008 Secretary of State

Entity Name: BARBARA AND PHIL EMMER FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2736 NW 22ND DRIVE GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

2736 NW 22ND DRIVE GAINESVILLE, FL 32605

FEI Number: 59-3742360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCGRIFF, LORI E 2801 SW ARCHER RD GAINESVILLE, FL 32608 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 EMMER, PHIL
 Name:
 EMMER, PHIL

 Address:
 2736 NW 22ND DRIVE
 Address:
 2736 NW 22ND DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32604
 City-St-Zip:
 GAINESVILLE, FL 32605 US

Title: VD () Delete Title: VD (X) Change () Addition Name: EMMER, BARBARA L Name: EMMER, BARBARA L

 Address:
 2736 NW 22ND DRIVE
 Address:
 2736 NW 22ND DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32604
 City-St-Zip:
 GAINESVILLE, FL 32605 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 EMMER, JODI L
 Name:
 LAZARUS, RONALD J

 Address:
 PO BOX 357933
 Address:
 943 ST CHARLES AVENUE N.E.

 City-St-Zip:
 GAINESVILLE, FL 32635
 City-St-Zip:
 ATLANTA, GA 30306 US

 Name:
 MCGRIFF, LORI E
 Name:
 MCGRIFF, LORI E

 Address:
 2457 NW 12TH PLACE
 Address:
 2457 NW 12TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605 US

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: PHIL EMMER PD 01/20/2008