

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006019

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

2736 NW 22ND DRIVE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2736 NW 22ND DRIVE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3742360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRUFF, LORI E
2801 SW ARCHER RD
GAINESVILLE, FL 32608 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 () Delete
Name: EMMER, PHIL
Address: 2736 NW 22ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VD () Delete
Name: EMMER, BARBARA L
Address: 2736 NW 22ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: SD () Delete
Name: LAZARUS, RONALD J
Address: 943 ST CHARLES AVENUE N.E.
City-St-Zip: ATLANTA, GA 30306 US

Title: TD () Delete
Name: MCGRUFF, LORI E
Address: 2457 NW 12TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

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:

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: PHILIP I. EMMER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date