

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008498

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE WILLIE B. ELLIS FOUNDATION INC.

Current Principal Place of Business:

2604 AVE "P"
FORT PIERCE, FL 34947

New Principal Place of Business:

2604 AVE P
FORT PIERCE, FL 34947

Current Mailing Address:

2604 AVE P
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 75-3133821 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELLIS, REGGAN
2604 AVENUE P
FT. PIERCE, FL 34947 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: DP () Delete
Name: ELLIS, REGGAN
Address: 2604 AVE
City-St-Zip: FORT PIERCE, FL 34947

Title: DV () Delete
Name: ELLIS, MAXY B
Address: 2604 AVE
City-St-Zip: FORT PIERCE, FL 34947

Title: DT () Delete
Name: SMALL, DEBORAH
Address: 2604 AVE
City-St-Zip: FORT PIERCE, FL 34947

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:

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: REGGAN ELLIS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date