

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009009

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** VICKERS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2913 WESTSIDE BLVD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

2913 WESTSIDE BLVD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 80-0025132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANT ABRAHAM REITER MCCORMICK & GREENE, PA  
50 N LAURA ST, SUITE 2750  
JACKSONVILLE, FL 32202 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  
Name: VICKERS, SAMUEL H  
Address: 2913 WESTSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD  
Name: VICKERS, NANCY L  
Address: 2913 WESTSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: STD  
Name: VICKERS, ROBERTA T  
Address: 2913 WESTSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD  
Name: VICKERS, EDGAR B  
Address: 2913 WESTSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD  
Name: VICKERS, HELENE M  
Address: 2913 WESTSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32209

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:** MICHAEL W. HOTT

CPA

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date