2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01776

Entity Name: ROBERT B. RAGLAND FOUNDATION, INC.

Current Principal Place of Business:

4209 BUCKLAND TR
GREENWOOD, FL 32443 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 315
GREENWOOD, FL 32443 US

New Mailing Address:

FEI Number: 59-2426608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAYLOR, C CHADWICK
4209 BUCKLAND TRL
GREENWOOD, FL 32443 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: PDT ( ) Delete
Name: RAGLAND, ROBERT B.
Address: 3575 OAK ST
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete
Name: JULIAN, MARGARET H
Address: 2738 ARAPAHOE AVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: TAYLOR, C. CHADWICK
Address: 4226 BUCKLAND TRAIL/P.O. BOX 315
City-St-Zip: GREENWOOD, FL 32443

Title: D ( ) Delete
Name: FINLAYSON, JOHN
Address: RT. 2, BOX 120
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: RAGLAND, ROBERT B.
Address: 3575 OAK ST
City-St-Zip: JACKSONVILLE, FL 32205

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: C. CHADWICK TAYLOR DIR. 04/30/2009

Electronic Signature of Signing Officer or Director — Date