2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N02000000072

Entity Name: SYMONDS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2021 PALM LANE
ORLANDO, FL 32803

New Principal Place of Business:

2021 PALM LANE
ORLANDO, FL 32803 US

Current Mailing Address:

2021 PALM LANE
ORLANDO, FL 32803

New Mailing Address:

2021 PALM LANE
ORLANDO, FL 32803 US

FEI Number: 36-7380980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, WILLIAM E
2021 PALM LANE
ORLANDO, FL 32803 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: PTD ( ) Delete
Name: ROGERS, WILLIAM E
Address: 2021 PALM LANE
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete
Name: FRENCH, LOUISE R
Address: 1927 GREEN MEADOW LANE
City-St-Zip: ORLANDO, FL 32825

Title: VD ( ) Delete
Name: ROGERS, JAMES H
Address: 358 HUDSON ST
City-St-Zip: REDWOOD CITY, CA 94062

Title: D (X) Delete
Name: FOLEY, EVA S
Address: 350 E JACKSON ST
City-St-Zip: ORLANDO, FL 32801

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: WILLIAM E ROGERS P 04/29/2008

Electronic Signature of Signing Officer or Director — Date