2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N02000000165

Entity Name: FLORIDA PUBLIC INTEREST FOUNDATION, INC.

Current Principal Place of Business:

2536 OLD LLOYD ROAD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

2536 OLD LLOYD ROAD
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 30-0039011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELDER, MARCIA K
2536 OLD LLOYD ROAD
MONTICELLO, FL 32344 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: CPTD ( ) Delete
Name: ELDER, MARCIA
Address: 2536 OLD LLOYD RD
City-St-Zip: MONTICELLO, FL 32344

Title: VSD ( ) Delete
Name: JEREMIAH, PAT
Address: 6749 FINCANNON RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: FERREIRA, ZE
Address: 1935 SW WHITESIDE DRIVE
City-St-Zip: CORVALLIS, OR 97333 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: JEREMIAH, PAT
Address: 7601 HOLLYRIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: MARCIA ELDER CPTD 05/01/2009

Electronic Signature of Signing Officer or Director — Date