

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001388

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: THE HARRISON CHARITABLE FOUNDATION, INC

## Current Principal Place of Business:

393 N. POINTE RD.  
#601  
OSPREY, FL 34229

## New Principal Place of Business:

## Current Mailing Address:

393 N. POINTE RD.  
#601  
OSPREY, FL 34229

## New Mailing Address:

FEI Number: 58-2023561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRISON, JOHN R  
393 N. POINTE RD. #601  
OSPREY, FL 34229 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: P ( ) Delete  
Name: HARRISON, JOHN R  
Address: 393 N. POINTE RD. #601  
City-St-Zip: OSPREY, FL 34229

Title: VD ( ) Delete  
Name: HARRISON, BONNIE  
Address: 393 N. POINTE RD. #601  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: HARRISON, JOHN PATRICK  
Address: 4035 KEATS DR.  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: STUART, JENNIFER A  
Address: 5241 LEVI LANE  
City-St-Zip: SARASOTA, FL 34233

## 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: BONNIE L. HARRISON

VP

03/22/2009

Electronic Signature of Signing Officer or Director

Date