

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004251

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** THE PRENDERGAST FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3350 RIVERWOOD PKWY  
SUITE #1600  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

3350 RIVERWOOD PKWY  
SUITE #1600  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 04-3703355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: DPT ( ) Delete  
Name: PRENDERGAST, G. JOSEPH III  
Address: NE CORNER 25TH & SEA ISLAND DR COTTAGE 353  
City-St-Zip: SEA ISLAND, GA 31561

Title: DVS ( ) Delete  
Name: PRENDERGAST, JANE  
Address: NE CORNER 25TH & SEA ISLAND DR COTTAGE 353  
City-St-Zip: SEA ISLAND, GA 31561

Title: D ( ) Delete  
Name: PRENDERGAST, CYNTHIA A  
Address: 519 COUNTRY CLUB DRIVE  
City-St-Zip: WILMINGTON, DE 19803

**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:

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 A TURNER, ESQ., ATTORNEY IN FACT

NONE

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date