2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006490

FILED Apr 30, 2008 Secretary of State

Entity Name: VIRGINIA'S RAY OF LIGHT FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

505 SOUTH FLAGLER DRIVE 3399 PGA BLVD **SUITE 1100** SUITE 240

WEST PALM BEACH, FL 33401 PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

3399 PGA BLVD SUITE 240 P.O. BOX 3475

WEST PALM BEACH, FL 33401

PALM BEACH GARDENS, FL 33410

FEI Number: 51-0422708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JONES FOSTER SERVICE, LLC CAROTHERS, BARRY 505 SOUTH FLAGLER DRIVE 4400 PGA BOULEVARD SUITE 800 **SUITE 1100**

WEST PALM BEACH, FL 33401 US PALM BEACH GARDENS, FL 33410 US

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: BARRY CAROTHERS 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

SILLS, VIRGINIA Name: Name: 5719 SOUTH FLAGLER DRIVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: DJAMIN, STEVE Name: Address: 6039 MULLIN ST. Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip:

Title: DST (X) Delete Title: () Change () Addition

SANDRIMAN-DJAMIN, JUDITH JENIFER Name: Name: 6039 MULLIN ST. Address: Address: City-St-Zip: JUPITER, FL 33458 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: VIRGINIA SILLS **PRES** 04/30/2008