

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007985

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE FIRST EATONVILLE FOUNDATION, INC.

Current Principal Place of Business:

63 E KENNEDY BLVD
SUITE 100-A
EATONVILLE, FL 32751

New Principal Place of Business:

Current Mailing Address:

63 E KENNEDY BLVD
SUITE 100-A
EATONVILLE, FL 32751

New Mailing Address:

FEI Number: 65-1160996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSON, BARRY G
63 E KENNEDY BLVD, SUITE 100-A
EATONVILLE, FL 32751 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: D () Delete
Name: HENSON, BARRY G
Address: 63 E KENNEDY BLVD., SUITE 100-A
City-St-Zip: EATONVILLE, FL 32751

Title: D () Delete
Name: STYLES, STAILEY
Address: 63 E KENNEDY BLVD, SUITE 100-A
City-St-Zip: EATONVILLE, FL 32751

Title: D () Delete
Name: WILLIAMS, LORENZO
Address: 63 E KENNEDY BLVD, SUITE 100-A
City-St-Zip: EATONVILLE, FL 32751

Title: D (X) Delete
Name: SUTHERLAND, LINDA
Address: 63 E KENNEDY BLVD, SUITE 100-A
City-St-Zip: EATONVILLE, FL 32751

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: STAILEY STYLES

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date