2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N03000000129

Entity Name: THE REESE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

101 E. KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

101 E. KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33602

New Mailing Address:

FEI Number: 06-1689083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, J. ERIC ESQ.
101 E. KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33602 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: DP ( ) Delete
Name: REESE, JAMES H
Address: 2869 WEATHERSFIELD COURT
City-St-Zip: CLEARWATER, FL 33761

Title: DTS ( ) Delete
Name: REESE, CAROL M
Address: 2869 WEATHERSFIELD COURT
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: REESE, SHANNON C
Address: 532 38TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D ( ) Delete
Name: REESE, DANIEL P
Address: 2572 BRANDY DRIVE WEST
City-St-Zip: CLEARWATER, FL 3376

Title: D ( ) Delete
Name: COLEMAN, KRISTIN R
Address: 202 SHORE DRIVE WEST
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: REESE, TODD J
Address: 532 38TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

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:

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: SHANNON C. REESE D 03/20/2009

Electronic Signature of Signing Officer or Director — Date