

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002376

FILED
Apr 05, 2008
Secretary of State

Entity Name: THE DAVID J. JENKINS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1342 NO LAKE WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

75 LIGHTHOUSE DR
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 56-2345989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERSON, DOUGLAS C
75 LIGHTHOUSE DR
JUPITER INLET COLONY, FL 33469 US

Name and Address of New Registered Agent:

PIERSON, DOUGLAS C
75 LIGHTHOUSE DR
TEQUESTA, FL 33469 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:

04/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: JENKINS, DAVID J
Address: 1342 NO LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: JENKINS, CHRIS
Address: 1342 NO LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: PIERSON, DOUGLAS C
Address: 75 LIGHTHOUSE DR
City-St-Zip: JUPITER INLET COLONY, FL 33469

Title: D () Delete
Name: JENKINS, KAY
Address: 342 N LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

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: DOUGLAS C. PIERSON

SD

04/05/2008

Electronic Signature of Signing Officer or Director

Date