

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004232

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE RICH MATTESON FOUNDATION, INC.

Current Principal Place of Business:

14274 CRYSTAL COVE DR S.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

PO BOX 50051
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 38-3681272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTESON, MICHELLE C
14274 CRYSTAL COVE DRIVE SOUTH
JACKSONVILLE, FL 32224 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: P () Delete
Name: MATTESON, MICHELLE C
Address: 14274 CRYSTAL COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: FRICANO, SAM
Address: 3644 FALLON OAKS DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: MULLIKIN DRASHIN, JACKIE
Address: 220 N SERENATA DR VILLA 631
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ZENTZ, DON
Address: 825 LAPOMA WY
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: NICHOLAS, JIM
Address: 1015 ATLANTIC BLVD, # 181
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MULLIKIN DRASHIN, JACQUE
Address: 220 N SERENATA DR VILLA 631
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change () Addition
Name: ZENTZ, DON
Address: 825 LAPOMA WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change () Addition
Name: NICHOLAS, JIM
Address: 34 EAST PARK AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: MICHELLE C MATTESON

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date