2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009202

Entity Name: ELTON PATTERSON FOUNDATION, INC.

FILED Sep 03, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|
| | |

4615 GRENADA BLVD. TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

4615 GRENADA BLVD. 221 N. HOGAN ST. TALLAHASSEE, FL 32304 SUITE 343

JACKSONVILLE, FL 32202

FEI Number: 65-1208353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SWJ FINANCIAL SERVICES, INC. 221 N. HOGAN STREET SUITE 343 JACKSONVILLE, FL 32202 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:

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Electronic Signature of Registered Agent

Date
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition

 Title:
 PSTD () Delete
 Title:
 PSTD (X) Change (

 Name:
 PATTERSON, ELTON
 Name:
 PATTERSON, MIKE

 Address:
 6837 WESTLAKE BLVD
 Address:
 4615 GRENADA BLVD.

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:
 TALLAHASSEE, FL 32304

Address: 6837 WESTLAKE BLVD. Address: 4615 GRENADA BLVD
City-St-Zip: ORLANDO, FL 32810 City-St-Zip: TALLAHASSEE, FL 32304

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 WIGGINS, CLIFFORD
 Name:
 PATTERSON, SHAWN E

 Address:
 6837 WESTLAKE BLVD.
 Address:
 4615 GRENADA BLVD.

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:
 TALLAHASSEE, FL 32304

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: MIKE PATTERSON PD 09/03/2007