## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010426

Jan 13, 2009 Secretary of State

Entity Name: EDUCATION, PUBLIC POLICY AND CONSULTING GLOBAL MANAGEMENT FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1850 EXECUTIVE PARK DR 1543 SOUTH LEE HIGHWAY CLEVELAND, TN 37312 US CLEVELAND, TN 37311 US

Current Mailing Address: New Mailing Address:

PO BOX 4938

CLEVELAND, TN 373204938 US

FEI Number: 20-0437679 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BOWMAN, JOHN C 864 MADERIA CIRCLE TALLAHASSEE, FL 32312 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: DC (X) Change () Addition

Name: BOWMAN, JOHN C Name: BOWMAN, JOHN C
Address: 1850 EXECUTIVE PARK DRIVE Address: 1543 SOUTH LEE HIGHWAY

Address: 1850 EXECUTIVE PARK DRIVE Address: 1543 SOUTH LEE HIGHWAY

City-St-Zip: CLEVELAND, TN 37312 US City-St-Zip: CLEVELAND, TN 37311 US

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROLLIN, STEVE
 Name:

 Address:
 864 MADERIA CIRCLE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312 US
 City-St-Zip:

Title: DM () Delete Title: () Change () Addition

 Name:
 BOWMAN, BETHANY
 Name:

 Address:
 4670 NAVAHO TRAIL
 Address:

 City-St-Zip:
 CLEVELAND, TN 37312 US
 City-St-Zip:

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

Name:LAWHORN, LINDAName:LAWHORN, LINDAAddress:1850 EXECUTIVE PARK NWAddress:1543 SOUTH LEE HIGHWAYCity-St-Zip:CLEVELAND, TN 37312 USCity-St-Zip:CLEVELAND, TN 37311 US

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: BETHANY BOWMAN DM 01/13/2009