2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N03000010856

Entity Name: THE BARBARA JEAN PARKER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3949 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-0495379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN D
3949 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901 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: PD ( ) Delete
Name: THOMPSON, LYNN
Address: 20801 GROVELINE COURT
City-St-Zip: ESTERO, FL 33928

Title: VD ( ) Delete
Name: THOMPSON, GREGORY
Address: 170 OCEAN LANE DRIVE #913
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD ( ) Delete
Name: THOMPSON, ELVIA
Address: P. O. BOX 3376
City-St-Zip: ANNAPOLIS, MD 21403

Title: TD ( ) Delete
Name: THOMPSON, STEPHEN
Address: 3949 EVANS AVENUE, SUITE 206
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THOMPSON, STEPHEN D
Address: 3949 EVANS AVENUE, SUITE 206
City-St-Zip: FORT MYERS, FL 33901

Title: VD (X) Change ( ) Addition
Name: THOMPSON, GREGORY
Address: 4120 BROOKGREEN DRIVE
City-St-Zip: FAIRFAX, VA 22033

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

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

Title: D ( ) Change (X) Addition
Name: THOMPSON, LYNN K
Address: 20801 GROVELINE COURT
City-St-Zip: ESTERO, FL 33928

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: STEPHEN D. THOMPSON PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date