

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011022

FILED
Mar 02, 2007
Secretary of State

Entity Name: THE CAIRNS FOUNDATION, INC.

Current Principal Place of Business:

403 S. ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 731136
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 20-0671853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIRNS, JAMES
403 S. ATLANTIC AVENUE
ORMOND BEACH, FL 32176 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: CAIRNS, JAMES L
Address: 403 S. ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD () Delete
Name: WADSWORTH, SONIA M
Address: 430 PRINCESS PLACE RD.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: MADDEN, RICHARD
Address: 446 PEPPERHILL RD
City-St-Zip: GROTON, MA 01450

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

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: D () Change (X) Addition
Name: FRASER, RICK
Address: 329 BILL FRANCE BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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: SONIA M WADSWORTH

S/D

03/02/2007

Electronic Signature of Signing Officer or Director

Date