

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001216

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: FOUNDERS' DAY~FLORIDA STYLE, INC.

## Current Principal Place of Business:

2629 NEZ PERCE TRAIL  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

3840 COTTINGHAM DRIVE  
TALLAHASSEE, FL 32303

## Current Mailing Address:

2629 NEZ PERCE TRAIL  
TALLAHASSEE, FL 32303

## New Mailing Address:

3840 COTTINGHAM DRIVE  
TALLAHASSEE, FL 32303

FEI Number: 20-0561241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INGRAM, KAREN R  
2629 NEZ PERCE TRAIL  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

MCCLELLAN, CARLA  
3840 COTTINGHAM DRIVE  
TALLAHASSEE, FL 32303 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: CARLA MCCLELLAN

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete  
Name: MENDOZA, KATHERINE  
Address: 2808 MCARTHUR STREET  
City-St-Zip: TALLAHASSEE, FL 32310

Title: PD (X) Delete  
Name: INGRAM, KAREN R  
Address: 2629 NEZ PERCE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD (X) Delete  
Name: SANNEMAN, AMANDA  
Address: 928 HAWTHORNE STREET  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD (X) Delete  
Name: WISNEWSKI, PAUL  
Address: 1317 LINDA ANN ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change ( ) Addition  
Name: INGRAM, KAREN  
Address: 2629 NEZ PERCE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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

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: CARLA MCCLELLAN

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date