2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N04000001594

Entity Name: FORD FAMILY AND WELFARE ASSOCIATION, CORP

Current Principal Place of Business:

12739 CARON DR
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

12739 CARON DR
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3262251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, OZELL
12739 CARON DR
JACKSONVILLE, FL 32258 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:	D	( ) Delete
Name:	FORD, OZELL	
Address:	12739 CARON DR	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	NELSON, JIMMY JR	
Address:	631 BLENHEIM LOOP	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	T	( ) Delete
Name:	FORD, ROBERT I	
Address:	8896 135TH LOOP	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	S	( ) Delete
Name:	GILES, VERONICA L	
Address:	2017 DISCOVERY CIR	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Delete
Name:	BROWN, SHELLIE	
Address:	1621 WASHINGTON DR	
City-St-Zip:	FAIRBANKS, AK 32258	

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:	( ) 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: OZELL FORD D 01/15/2009

Electronic Signature of Signing Officer or Director — Date