

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001594

FILED  
Jan 05, 2010  
Secretary of State

**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  
**Name:** FORD, OZELL  
**Address:** 12739 CARON DR  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** D  
**Name:** NELSON, JIMMY JR  
**Address:** 631 BLENHEIM LOOP  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** T  
**Name:** FORD, ROBERT I  
**Address:** 8896 135TH LOOP  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** S  
**Name:** GILES, VERONICA L  
**Address:** 2017 DISCOVERY CIR  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**Title:** D  
**Name:** BROWN, SHELLIE  
**Address:** 1621 WASHINGTON DR  
**City-St-Zip:** FAIRBANKS, AK 32258

I hereby 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 all other like empowered.

**SIGNATURE:** FORD, OZELL

D

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date