2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N04000001642

Entity Name: DRAKESMITH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2424 JOHN YOUNG PKWY
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2424 JOHN YOUNG PKWY
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-0824690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR
1000 LEGION PLACE
STE 1700
ORLANDO, FL 32801 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: DRAKESMITH, JOHN
Address: 2424 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32804

Title: DT ( ) Delete
Name: DRAKESMITH, STEVE
Address: 2424 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32804

Title: DS ( ) Delete
Name: DRAKESMITH MIMS, AMY
Address: 2424 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32804

Title: DV ( ) Delete
Name: DRAKESMITH, MARGARET
Address: 2424 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32804

Title: DP ( ) Delete
Name: DRAKESMITH, JULIE
Address: 2424 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32804

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: AMY DRAKESMITH MIMS DS 03/31/2009

Electronic Signature of Signing Officer or Director — Date