2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N04000006730

Entity Name: THE 6 M COMPANY FOUNDATION, INC.

Current Principal Place of Business:

6266 WHISPERING WAY
ORLANDO, FL 32807

New Principal Place of Business:

3159 HARLSTONE DRIVE
DULUTH, GA 30096

Current Mailing Address:

6266 WHISPERING WAY
ORLANDO, FL 32807

New Mailing Address:

3159 HARLSTONE DRIVE
DULUTH, GA 30096

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALL, BEN
6266 WHISPERING WAY
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

MORALL, WENDELYN R
3159 HARLSTONE DRIVE
DULUTH, FL 30096 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: WENDELYN MORALL 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: COB ( ) Delete
Name: MORALL, BEN JR
Address: 6266 WHISPERING WAY
City-St-Zip: ORLANDO, FL 32807

Title: P ( ) Delete
Name: MORALL, DENIYA L
Address: 6266 WHISPERING WAY
City-St-Zip: ORLANDO, FL 32807

Title: T ( ) Delete
Name: MORALL, DORIS S
Address: 6266 WHISPERING WAY
City-St-Zip: ORLANDO, FL 32807

Title: S ( ) Delete
Name: MORALL, BEN III
Address: 6266 WHISPERING WAY
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORALL, DORIS S
Address: 3159 HARLSTONE DRIVE
City-St-Zip: DULUTH, GA 30096

Title: V (X) Change ( ) Addition
Name: MORALL, DENIYA L
Address: 6266 WHISPERING WAY
City-St-Zip: ORLANDO, FL 32807

Title: S (X) Change ( ) Addition
Name: MORALL, WENDELYN R
Address: 3159 HARLSTONE DRIVE
City-St-Zip: DULUTH, GA 30096

Title: T (X) Change ( ) Addition
Name: MORALL, BEN III
Address: 3159 HARLSTONE DRIVE
City-St-Zip: DULUTH, GA 30096

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: DORIS S MORALL P 04/24/2009
Electronic Signature of Signing Officer or Director Date