2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N04000007960

Entity Name: READER MOOD MCCLARY FOUNDATION, INC.

Current Principal Place of Business:

4 ELEVENTH AVE., SUITE 1
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

1018 FT. SUMTER DR.
CHARLESTON, SC 29412

New Mailing Address:

FEI Number: 20-1486711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRI, DANIEL C
4 ELEVENTH AVE., SUITE 1
SHALIMAR, FL 32579 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: ROLLINS, DORIS M
Address: 1018 FT. SUMTER DR.
City-St-Zip: CHARLESTON, SC 294124308

Title: DVP ( ) Delete
Name: MCCLARY, WILLIAM D VI
Address: P.O. BOX 669
City-St-Zip: SUMMERTON, SC 29148

Title: DS ( ) Delete
Name: ROLLINS, DORIS M
Address: 4520-B 28TH ROAD SOUTH
City-St-Zip: ARLINGTON, VA 22206

Title: DT ( ) Delete
Name: ROLLINS, LELAND G III
Address: 914 KUSHIWAH CREEK DRIVE
City-St-Zip: CHARLESTON, SC 29412

Title: D ( ) Delete
Name: MCCLARY, CARL R
Address: 475 HASCALL ROAD
City-St-Zip: ATLANTA, GA 30309

Title: D ( ) Delete
Name: ROLLINS, KAREN B
Address: 914 KUSHIWAH CREEK DRIVE
City-St-Zip: CHARLESTON, SC 29412

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:

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: DORIS M. ROLLINS DIR 02/17/2009

Electronic Signature of Signing Officer or Director — Date