2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N04000008414

Entity Name: THE RIES FOUNDATION, INC.

Current Principal Place of Business:

2120 JAMMES ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

2120 JAMMES ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 42-1643951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYES, DENNIS E ESDQ.
2320 THE WOODS DRIVE WEST
JACKSONVILLE, FL 32246 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: PD ( ) Delete
Name: KIRKLAND, DEBORAH
Address: 2120 JAMMES ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: GADEN, DARLENE
Address: 3203 AMY'S COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T (X) Delete
Name: KIRKLAND, TULLIS C
Address: 2120 JAMMES ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: O'BRIEN, JOHN
Address: 751 JACKSON ROAD
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: DEBORAH KIRKLAND PD 06/26/2009
Electronic Signature of Signing Officer or Director — Date