## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010242

FILED Apr 06, 2009 Secretary of State

Entity Name: THE TINSLEY FOUNDATION INC.

Current Principal Place of Business:		New Principal Place of Business:		
50 TARR ACKSON	ASA DR IVILLE, FL 32	225		
Current Mailing Address:		ss:	New Mailing Address:	
50 TARR ACKSON	ASA DR IVILLE, FL 32	225		
El Number	: 74-3133988	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
ORD, EU 50 TARR ACKSON		225 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or bot
n the Stat	e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or bot
the Stat	e of Florida. Î	submits this statement for the		ed office or registered agent, or bot  Date
n the Stat	e of Florida. Î	nic Signature of Registered Ag	ent	
the Stat	e of Florida.  RE: Electro  S AND DIREC	nic Signature of Registered Ag CTORS: ) Delete E . DR	ent	Date
the State of the s	e of Florida.  RE: Electro  S AND DIRECTOR  DP (FORD, EUNICTOR 350 TARRASA JACKSONVILL	nic Signature of Registered Age CTORS:  ) Delete E . DR .E, FL 32225  ) Delete Y P . DR	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the State IGNATU  PFFICER  tle: ame: ddress:	e of Florida.  RE: Electro  S AND DIREC  DP (FORD, EUNIC 350 TARRASA JACKSONVILL  DV (FORD, PEGG 350 TARRASA JACKSONVILL	nic Signature of Registered Age CTORS:  ) Delete E DR LE, FL 32225  ) Delete Y P LE, FL 32225  ) Delete DLYN LANE	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

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: EUNICE FORD DP 04/06/2009