2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N04000010632

Entity Name: HIGMAN SOYRING FOUNDATION, INC.

Current Principal Place of Business:

123 LAREDO WAY NE
ST PETERSBURG, FL 33704

New Principal Place of Business:

880 21ST AVE NORTH
ST PETERSBURG, FL 33704

Current Mailing Address:

123 LAREDO WAY NE
ST PETERSBURG, FL 33704

New Mailing Address:

880 21ST AVE NORTH
ST PETERSBURG, FL 33704

FEI Number: 20-1894368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, AMELIA M
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602 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: HIGMAN, DENICE R
Address: 880 21ST AVENUE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete
Name: HIGMAN, DAVID A
Address: 880 21ST AVENUE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete
Name: HIGMAN, LUCAS D
Address: 880 21ST AVENUE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete
Name: HIGMAN, ADAM W
Address: 880 21ST AVENUE N
City-St-Zip: ST PETERSBURG, FL 33704

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: LUCAS HIGMAN D 02/10/2009

Electronic Signature of Signing Officer or Director — Date