2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N05000001520

Entity Name: JESSIE L. PORTER MEMORIAL FOUNDATION, CORP.

Current Principal Place of Business:

708 BRAGG DRIVE
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

708 BRAGG DRIVE
TALLAHASSEE, FL 323056706

New Mailing Address:

FEI Number: 83-0420646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, ANITA L.
708 BRAGG DRIVE
TALLAHASSEE, FL 323056706 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: PDC ( ) Delete
Name: DAVIS, ANITA L.
Address: 708 BRAGG DRIVE
City-St-Zip: TALLAHASSEE, FL 323056706

Title: DT ( ) Delete
Name: PORTER, RUSSELL L.
Address: 371 PHYLLIS STREET
City-St-Zip: BUFFALO, NY 14215

Title: DS ( ) Delete
Name: LYLES, MARK E.
Address: 708 BRAGG DRIVE
City-St-Zip: TALLAHASSEE, FL 323056706

Title: D ( ) Delete
Name: PORTER, RAYMOND P.
Address: 729 HEMPSTED AVE.
City-St-Zip: BUFFALO, NY 14211

Title: D ( ) Delete
Name: DAVIS, MORRIS S.
Address: 708 BRAGG DRIVE
City-St-Zip: TALLAHASSEE, FL 323056706

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:

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: ANITA L. DAVIS PDC 04/23/2009

Electronic Signature of Signing Officer or Director — Date