2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N05000001680

Entity Name: THE HULL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

% CUMMINGS & LOCKWOOD
3001 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Principal Place of Business:

% CUMMINGS & LOCKWOOD
3001 TAMIAMI TRAIL NORTH, STE 400
NAPLES, FL 34103 US

Current Mailing Address:

% CUMMINGS & LOCKWOOD
3001 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Mailing Address:

% CUMMINGS & LOCKWOOD
3001 TAMIAMI TRAIL NORTH, STE 400
NAPLES, FL 34103 US

FEI Number: 20-2536846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASP, INC.
% CUMMINGS & LOCKWOOD
3001 TAMIAMI TRAIL NORTH SUITE 400
NAPLES, FL 34101 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: DP ( ) Delete
Name: HULL, RICHARD
Address: 3001 TAMIAMI TRAIL N., #400
City-St-Zip: NAPLES, FL 34103 US

Title: DV ( ) Delete
Name: HULL, CHRISTOPHER
Address: 3001 TAMIAMI TRAIL N., #400
City-St-Zip: NAPLES, FL 34103 US

Title: DST ( ) Delete
Name: SIMONS, WILLIAM N
Address: 3001 TAMIAMI TRAIL N., #400
City-St-Zip: NAPLES, FL 34103 US

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:

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: WILLIAM N SIMONS DST 02/09/2009

Electronic Signature of Signing Officer or Director — Date