

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005378

FILED
Jan 07, 2009
Secretary of State

Entity Name: SEALYHAMS FOREVER FOUNDATION, INC.

Current Principal Place of Business:

26 ACADEMY
ALBION, PA 16401

New Principal Place of Business:

26 ACADEMY
ALBION, PA 16401 US

Current Mailing Address:

26 ACADEMY
ALBION, PA 16401

New Mailing Address:

FEI Number: 20-3560714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANSLEY, ANDREA D
415 MOUNTAIN DR STE 3
DESTIN, FL 32541 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: VP () Delete
Name: CARMANY, BARBARA
Address: P.O.BOX 76
City-St-Zip: SHARON CENTER, OH 442740076

Title: P () Delete
Name: METZELTHIN, MARIANNE
Address: 5611 S WESTERN
City-St-Zip: BROOKLINE, MO 65619

Title: S () Delete
Name: JOHNSTON, MARIE
Address: 5340 HOLMES RUN PKWY #104
City-St-Zip: ALEXANDER, VA 22304

Title: D () Delete
Name: BROWN, FRANDEL
Address: 947 N CITADEL
City-St-Zip: CLOVIS, CA 936119493

Title: T () Delete
Name: MILLER, JERRY
Address: 26 ACADEMY ST
City-St-Zip: ALBION, PA 16401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CARMANY, BARBARA
Address: P.O.BOX 76
City-St-Zip: SHARON CENTER, OH 442740076 US

Title: P (X) Change () Addition
Name: METZELTHIN, MARIANNE
Address: 5611 S WESTERN
City-St-Zip: BROOKLINE, MO 65619 US

Title: S (X) Change () Addition
Name: JOHNSTON, MARIE
Address: 5340 HOLMES RUN PKWY #104
City-St-Zip: ALEXANDER, VA 22304 US

Title: D (X) Change () Addition
Name: BROWN, FRANDEL
Address: 947 N CITADEL
City-St-Zip: CLOVIS, CA 936119493 US

Title: T (X) Change () Addition
Name: PERRY, DIANA
Address: 26 ACADEMY ST
City-St-Zip: ALBION, PA 16401 US

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: DIANA M. PERRY

MRS.

01/07/2009

Electronic Signature of Signing Officer or Director

Date