2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N05000006211

Entity Name: HUTCHISON FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

221 MCKENZIE AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

221 MCKENZIE AVE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-3004281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHISON, EDWARD A JR
221 MCKENZIE AVE
PANAMA CITY, FL 32401 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: PD ( ) Delete
Name: HUTCHISON, EDWARD A JR.
Address: 2612 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Delete
Name: HUTCHISON, CARROL F
Address: 3736 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: SD ( ) Delete
Name: CONRAD, MARY H
Address: 206 SOMERVILLE WAY
City-St-Zip: SEAFORD, VA 23696

Title: D ( ) Delete
Name: HUTCHISON, WARREN J
Address: 1203 SAVANNAH DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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: EDWARD A. HUTCHISON, JR. PD 01/05/2009

Electronic Signature of Signing Officer or Director — Date