2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N05000007233

Entity Name: HAZEL CROSBY CARLTON FOUNDATION, INC.

Current Principal Place of Business:

3500 REYNOLDS ROAD
LAKELAND, FL 338037327

New Principal Place of Business:

Current Mailing Address:

3500 REYNOLDS ROAD
LAKELAND, FL 338037327

New Mailing Address:

FEI Number: 20-3163711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIRTH, H. ADAM JR.
500 SOUTH FLORIDA AVENUE
STE. 800
LAKELAND, FL 33801 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: PTD ( ) Delete
Name: BUNCH, CYNTHIA L
Address: 3500 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33803

Title: VSD ( ) Delete
Name: BUNCH, JAMES D
Address: 3500 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: WATKINS, CHRISTY
Address: 3500 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: GOODSON, LIEF
Address: 3500 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: FUNK, CHARLES
Address: 3500 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33803

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: D (X) Change ( ) Addition
Name: GOODSON, LIEF G
Address: 3500 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33803

Title: D (X) Change ( ) Addition
Name: FUNK, CHARLES A
Address: 3500 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33803

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: CHARLES A. FUNK D 04/03/2009
Electronic Signature of Signing Officer or Director — Date