

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009125

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: QUANTUM CIRCLE FOUNDATION, INC.

## Current Principal Place of Business:

91 HOLLYBROOK DR.  
ASHVILLE, NC 28803

## New Principal Place of Business:

24 DELCHESTER LANE  
ASHVILLE, NC 28803

## Current Mailing Address:

91 HOLLYBROOK DR.  
ASHVILLE, NC 28803

## New Mailing Address:

24 DELCHESTER LANE  
ASHVILLE, NC 28803

FEI Number: 20-3656396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERRICK, JANET L  
2549 CLARINET DR.  
ORLANDO, FL 32837 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: D ( ) Delete  
Name: JOHNSON, DANIEL P  
Address: 117 BUCKNER RD  
City-St-Zip: BLACK MOUNTAIN, FL 32837

Title: D ( ) Delete  
Name: JOHNSON, DONNA J  
Address: 117 BUCKNER RD  
City-St-Zip: BLACK MOUNTAIN, NC 28711

Title: D ( ) Delete  
Name: HERRICK, JANET L  
Address: 2549 CLARINET DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: DILLARD, SHERRIE  
Address: 906 ROSE HILL AVE  
City-St-Zip: DURHAM, NC 27705

Title: D ( ) Delete  
Name: MANN, CURTIS  
Address: 246 CHESTER COURT  
City-St-Zip: COQUITLAM, BC V3K 5C3 CA

## 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: DANIEL P JOHNSON

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date