2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000009185

Entity Name: MEARS-SWANN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

324 W GORE ST
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

324 W GORE ST
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-3436824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANN, RICHARD R
1031 W MORSE BOULEVARD
SUITE 350
ORLANDO, FL 32789 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: SWANN, CAMPBELL
Address: 2170 LAKE DEBRA DRIVE #517
City-St-Zip: ORLANDO, FL 32835

Title: SD ( ) Delete
Name: SWANN, RICHARD R
Address: 324 W GORE ST
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: CARNS, CHARLES E JR
Address: 324 W GORE ST
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: MEARS, PAUL S JR
Address: 324 W GORE ST
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: MEARS, JAMES L
Address: 324 W GORE ST
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: MEARS, JONATHAN P
Address: 324 W GORE ST
City-St-Zip: ORLANDO, FL 32806

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:

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: CHARLES E CARNS JR D 04/20/2009
Electronic Signature of Signing Officer or Director — Date