

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N05000012043

Entity Name: ADKINS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

625 W GULFBEACH DR  
ST GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 280  
APALACHICOLA, FL 32329

**New Mailing Address:**

FEI Number: 20-4233339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADKINS, GORDON K  
625 W GULFBEACH DR  
ST GEORGE ISLAND, FL 32328      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:      PRES      ( ) Delete  
Name:      ADKINS, GORDON K  
Address:      625 W GULFBEACH DR  
City-St-Zip:      ST GEORGE ISLAND, FL 32328

Title:      D      ( ) Delete  
Name:      ADKINS, JANET E  
Address:      55 MARKET STREET APT. 202  
City-St-Zip:      APALACHICOLA, FL 32320

Title:      D      ( ) Delete  
Name:      ADKINS, JASON P  
Address:      625 W GULFBEACH DR  
City-St-Zip:      ST GEORGE ISLAND, FL 32328

**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:

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: GORDON K ADKINS

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date