

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012789

FILED
Mar 17, 2009
Secretary of State

Entity Name: WALLY ADAMS FOUNDATION, INC.

Current Principal Place of Business:

1519 3RD STREET SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1519 3RD STREET SE
WINTER HAVEN, FL 33880

New Mailing Address:

P. O. BOX 4399
WINTER HAVEN, FL 33885

FEI Number: 20-4207093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, CHARLES W JR.
1519 3RD STREET SE
WINTER HAVEN, FL 33880 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: ADAMS, CHARLES W JR.
Address: 1000 LAKE HAMILTON DRIVE WEST
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: ADAMS, MARGIE E
Address: 1000 LAKE HAMILTON DRIVE WEST
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: ADAMS, CHARLES W III
Address: 1175 AVENUE Z, S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: ADAMS, MARY PATRICIA
Address: 1519 3RD STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: ADAMS, BEN R
Address: 1920 LAKE HOWARD DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

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: KAREN MYERS

MS.

03/17/2009

Electronic Signature of Signing Officer or Director

Date