

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012850

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: FWC EMPLOYEE DISASTER RELIEF FUND, INC.

**Current Principal Place of Business:**

620 SOUTH MERIDIAN ST.  
TALLAHASSEE, FL 323991600

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 11010  
TALLAHASSEE, FL 323023010

**New Mailing Address:**

FEI Number: 32-0167162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAMPTON, KATHLEEN  
620 SOUTH MERIDIAN ST.  
TALLAHASSEE, FL 323991600 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: BOSTON, CHARLES B  
Address: P. O. BOX 11010  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D ( ) Delete  
Name: HELLER, VICTOR  
Address: P. O. BOX 11010  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D ( ) Delete  
Name: HAMPTON, KATHLEEN  
Address: P. O. BOX 11010  
City-St-Zip: TALLAHASSEE, FL 32302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILEY, NICK  
Address: 620 SOUTH MERIDIAN ST.  
City-St-Zip: TALLAHASSEE, FL 32399

Title: D (X) Change ( ) Addition  
Name: BRADFORD, JAMES W  
Address: 620 SOUTH MERIDIAN ST.  
City-St-Zip: TALLAHASSEE, FL 32399

Title: D (X) Change ( ) Addition  
Name: HAMPTON, KATHLEEN  
Address: 620 SOUTH MERIDIAN ST.  
City-St-Zip: TALLAHASSEE, FL 32399

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: JAMES W. BRADFORD

VP

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date