2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000002605

Entity Name: THE JAHNA FOUNDATION, INC.

Current Principal Place of Business:

202 E STUART AVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

202 E STUART AVE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 11-3772804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, C.B. III
202 E STUART AVE
LAKE WALES, FL 33853 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: TD ( ) Delete
Name: MYERS, C.B. III
Address: 202 E. STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: MCCOLLUM, R. CARL
Address: 202 E. STUART AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: VT ( ) Delete
Name: JAHNA, JAMES A
Address: 202 E. STUART AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: VS ( ) Delete
Name: JAHNA, GRETCHEN
Address: 202 E. STUART AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: JAHNA, MARCUS
Address: P.O.BOX 840
City-St-Zip: LAKE WALES, FL 338590840

Title: D ( ) Delete
Name: KEEVER, KIER
Address: P.O.BOX 840
City-St-Zip: LAKE WALES, FL 338590840

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: JAMES A JAHNA SR V 04/29/2009
Electronic Signature of Signing Officer or Director — Date