

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004117

FILED
May 28, 2007
Secretary of State

Entity Name: EARLYSSIA AUSTIN FOUNDATION, INC.

Current Principal Place of Business:

3955 WINDY GALE DRIVE
JACKSONVILLE, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 2828
JACKSONVILLE, FL

New Mailing Address:

FEI Number: 20-3173228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AUSTIN JAMES, YOLANDA D
3955 WINDY GALE DRIVE
JACKSONVILLE, FL US

Name and Address of New Registered Agent:

AUSTIN JAMES, YOLANDA D
8364 EARL CIRCLE WEST
JACKSONVILLE, FL 32219 US

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: _____

05/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, YOLANDA
Address: 3955 WINDY GALE DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: SHAVERS, CLARA
Address: 10873 BONNELLY DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: ANDERS, RICHARD
Address: 628 NW JEFFERSON STREET
City-St-Zip: LAKE CITY, FL

Title: D (X) Delete
Name: HOLTON, CLENITA P
Address: 1000 BROWARD ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete
Name: TRICE, LETITIA
Address: 8062 SIERRA COURT
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AUSTIN-JAMES, YOLANDA D
Address: 8364 EARL CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32219

Title: C (X) Change () Addition
Name: AUSTIN, EARL
Address: 8364 EARL CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32219

Title: T (X) Change () Addition
Name: KELLEY, RONALD
Address: P.O. BOX 60446
City-St-Zip: JACKSONVILLE, FL 32236

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: YOLANDA AUSTIN-JAMES

P

05/28/2007

Electronic Signature of Signing Officer or Director

Date