

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004651

FILED
Apr 16, 2009
Secretary of State

Entity Name: ADAMS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

3020 SOUTH FLORIDA AVENUE
STE 101
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3020 SOUTH FLORIDA AVENUE
STE 101
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-4877020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: PD () Delete
Name: ADAMS, ROBERT J
Address: 3020 SOUTH FLORIDA AVENUE #101
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: ADAMS, D. JOEL
Address: 3020 SOUTH FLORIDA AVENUE #101
City-St-Zip: LAKELAND, FL 33803

Title: STD () Delete
Name: CHIROY, KEVIN A
Address: 250 AVE K SW, SUITE 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: CASSIDY, ALBERT B
Address: 250 AVE K SW, SUITE 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: CASSIDY, STEVEN L
Address: 250 AVE K SW, SUITE 100
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: CHINOY, KEVIN A
Address: 250 AVE K SW, SUITE 100
City-St-Zip: WINTER HAVEN, FL 33880

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: D. JOEL ADAMS

VD

04/16/2009

Electronic Signature of Signing Officer or Director

Date