

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005737

FILED
Feb 03, 2012
Secretary of State

Entity Name: COX FAMILY FOUNDATION, INC.

Current Principal Place of Business:

801 N MAGNOLIA AVE
300-B
ORLANDO, FL 32803

New Principal Place of Business:

1901 WEST COLONIAL DRIVE
SUITE #9
ORLANDO, FL 32804

Current Mailing Address:

PO BOX 504
LOWELL, FL 32663

New Mailing Address:

1901 WEST COLONIAL DRIVE
SUITE #9
ORLANDO, FL 32804

FEI Number: 20-5272891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES LLC
800 N MAGNOLIA AVE SUITE 1500
ORLANDO, FL 32803 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: DP
Name: COX, BARBARA D
Address: PO BOX 504
City-St-Zip: LOWELL, FL 32663

Title: DST
Name: COX, CHRISTINE A
Address: PO BOX 504
City-St-Zip: LOWELL, FL 32663

Title: DV
Name: BOURNE, ROBERT A
Address: 450 S ORANGE AVE SUITE 1400
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE COX

DST

02/03/2012

Electronic Signature of Signing Officer or Director

Date