2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# N06000006558

Entity Name: JAY SHIELDS OSTEOSARCOMA FOUNDATION, INC.

Current Principal Place of Business:

7855 ARGYLE FOREST BLVD
204
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

7855 ARGYLE FOREST BLVD
204
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 20-5071655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BAIROS, DIANA S
7855 ARGYLE FOREST BLVD
204
JACKSONVILLE, FL 32244 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: P ( ) Delete
Name: SHIELDS, JAMES G III
Address: 107 HEATHER GLEN BLVD
City-St-Zip: KATHLEEN, GA 31047

Title: VP ( ) Delete
Name: KLINGBEIL, REBECCA
Address: 1016 BUTTERCUP DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete
Name: KLINGBEIL, GENE
Address: 1016 BUTTERCUP DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete
Name: BAIROS, DIANA S
Address: 7855 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32259

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:

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: DIANA S. BAIROS VP 08/10/2009
Electronic Signature of Signing Officer or Director — Date