2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000007292

Entity Name: TWENTY PEARLS FOUNDATION, INC.

Current Principal Place of Business:

5808 SW 49TH STREET
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141392
GAINESVILLE, FL 326141392 US

New Mailing Address:

FEI Number: 84-1714693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAWLS, YVONNE C
5808 SW 49TH STREET
GAINESVILLE, FL 32608 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/C	( ) Delete
Name:	RAWLS, YVONNE C	
Address:	5808 SW 49TH STREET	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	( ) Delete
Name:	BANKS, LAKAY A	
Address:	1335 SE 11TH AVE	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	VPD	( ) Delete
Name:	BRIDGEWATER-ALFORD, FLORIDA	
Address:	581 SW 33RD PL	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	D	( ) Delete
Name:	CHESTNUT, CYNTHIA M MRS.	
Address:	911 NE BLVD.	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	TD	( ) Delete
Name:	MARTIN, TELISHA S	
Address:	4425 NW 44TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	S/D	( ) Delete
Name:	BATTS, CYNTHIA N	
Address:	7824 NW 53RD WAY	
City-St-Zip:	GAINESVILLE, FL 32653	

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: YVONNE C. RAWLS P/D 04/30/2008

Electronic Signature of Signing Officer or Director — Date