

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007292

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** TWENTY PEARLS FOUNDATION, INC.

**Current Principal Place of Business:**

5808 SW 49TH STREET  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

911 NE BOULEVARD  
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

PO BOX 141392  
GAINESVILLE, FL 326141392 US

**New Mailing Address:**

PO BOX 5001  
GAINESVILLE, FL 32627 US

**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:**

CHESTNUT, CYNTHIA M  
911 NE BOULEVARD  
GAINESVILLE, FL 32627 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: CYNTHIA M, CHESTNUT

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CHESTNUT, CYNTHIA M DR.  
Address: 911 NE BOULEVARD  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: CHRISTY, ROSEMARY MS.  
Address: 2119 NW 30TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP/D  
Name: BRIDGEWATER-ALFORD, FLORIDA MS  
Address: 581 SW 33RD PL  
City-St-Zip: GAINESVILLE, FL 32601

Title: AT/D  
Name: LINDSEY, DANA MS.  
Address: 919 N.W. 113 TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: T/D  
Name: MARTIN, TELISHA S MS.  
Address: 4425 NW 44TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: S/D  
Name: RICHARDSON, JERRI L MS  
Address: 522 SE 47 TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

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: CYNTHIA M. CHESTNUT

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date