2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000007808

Entity Name: JO ANNE WHITAKER FOUNDATION, INC.

Current Principal Place of Business:

4068 LAKE MARIANNA DRIVE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

4068 LAKE MARIANNA DRIVE
WINTER HAVEN, FL 33881

New Mailing Address:

POST OFFICE BOX 1000
WINTER HAVEN, FL 338821000

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, RICHARD
90 HIGHLAND AVENUE
1414
TARPON SPRINGS, FL 34689 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: WHITAKER, JOANNE
Address: 4068 LAKE MARIANNA DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD ( ) Delete
Name: COHN, RICHARD
Address: 90 HIGHLAND AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD ( ) Delete
Name: COHN, BARBARA
Address: 90 HIGHLAND AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: KEATHLEY, DEBRA
Address: 871 46 AVENUE
City-St-Zip: VEROBEACH, FL 32966

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: JOANNE WHITAKER PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date