

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008246

FILED
Mar 18, 2009
Secretary of State

Entity Name: SHAUN ADAMS FOUNDATION, INC.

Current Principal Place of Business:

1416 NEW YORK AVE
A
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

2310 S. HWY. 77
STE 110 PMB 157
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 71-1010463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, ANTHONY T
1416 NEW YORK AVE APT A
LYNN HAVEN, FL 32444 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: SHAUN, ADAMS W
Address: 1416 NEW YORK AVE.APT A
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP () Delete
Name: WILLIAMS, ANTHONY T
Address: 1416 NEW YORK AVE APT A
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: TRES () Delete
Name: SHAMAIN RIDGEWAY
Address: 406 E.19TH ST.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: SEC () Delete
Name: GRAHAM SHAW
Address: 2101 SHAMROCK LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: OFF () Delete
Name: CONNIE TEETS
Address: 2607 GRANT AVE, LOT 6
City-St-Zip: PANAMA CITY, FL 32405

Title: OFF () Delete
Name: AMIR LIZARRAGA
Address: 101 HERITAGE CR.
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: WILLIAMS, ANTHONY T
Address: 1416 NEW YORK AVE APT A
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: OFF (X) Change () Addition
Name: SHAMAIN RIDGEWAY
Address: 406 E.19TH ST.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: SEC (X) Change () Addition
Name: JILL CATANIA
Address: 524 ARROW ST.
City-St-Zip: PANAMA CITY, FL 32404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GRAHAM SHAW
Address: 2101 SHAMROCK LANE
City-St-Zip: LYNN HAVEN, FL 32444 US

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: SHAUN ADAMS

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date