

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010783

FILED
Jan 23, 2009
Secretary of State

Entity Name: CLARENCE AND MAXINE OWENS FOUNDATION FOR RESOURCE INITIATIVES, INC.

Current Principal Place of Business:

2500 HOLTON ST.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

2500 HOLTON ST.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 01-0716128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, CLARENCE
2500 HOLTON ST.
TALLAHASSEE, FL 32310 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: DP () Delete
Name: OWENS, CLARENCE
Address: 2500 HOLTON ST.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: OWENS, BURGESS JR.
Address: 605 GORE AVE.
City-St-Zip: TALLAHASSEE, FL 32310

Title: VT () Delete
Name: OWENS, DONALD
Address: 605 GORE AVE.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: OWENS, REGINA
Address: 4131 POND CYPRESS CT.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: BELLOWS, ANNETTE
Address: 605 GORE AVE.
City-St-Zip: TALLAHASSEE, FL 32310

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:

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: CLARENCE OWENS

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date