

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011640

Entity Name: FTS FOUNDATION, INC.

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

162 W. BURGESS RD.
PENSACOLA, FL 32503

New Principal Place of Business:

3298 SUMMIT BLVD STE 29.
PENSACOLA, FL 32503

Current Mailing Address:

162 W. BURGESS RD.
PENSACOLA, FL 32503

New Mailing Address:

3298 SUMMIT BLVD STE 29
PENSACOLA, FL 32503

FEI Number: 20-5859793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGHAM, DARICE
162 W. BURGESS RD.
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

LANGHAM, DARICE
3298 SUMMIT BLVD STE 29
PENSACOLA, FL 32503 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:

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOC () Delete
Name: THOMAS, RONY
Address: 1864 CONCERT DRIVE
City-St-Zip: VIRGINIA BEACH, VA 23453

Title: S () Delete
Name: BERKSTRESSER, GORDON
Address: 1864 CONCERT DRIVE
City-St-Zip: VIRGINIA BEACH, VA 23453

Title: D () Delete
Name: LANHAM, DARICE
Address: 162 W BURGESS RD
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: HERRE, JOHN M MD
Address: 100 KINGSLEY LANE #200
City-St-Zip: NORFOLK, VA 23505

Title: D () Delete
Name: BOWERS, GERALD M DDS
Address: 829 DE FRANCEAUX HARBOR
City-St-Zip: PASADENA, MD 21122

Title: D () Delete
Name: WILSON, DOUGLAS
Address: 1864 CONCERT DRIVE
City-St-Zip: VIRGINIA BEACH, VA 23453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LANHAM, DARICE
Address: 3298 SUMMIT BLVD STE 29
City-St-Zip: PENSACOLA, FL 32503

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: GORDON BERKSTRESSER

S

03/18/2009

Electronic Signature of Signing Officer or Director

Date