2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013017

Apr 25, 2009 Secretary of State

Entity Name: BRENDA BELL CARTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4756 POST STREET JACKSONVILLE, FL 32205 **Current Mailing Address: New Mailing Address:** 1417 SADLER ROAD #230 FERNANDINA BEACH, FL 32034 FEI Number: 20-8154672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'CONNER, ANGELIA M 96725 BUCĆANEER TRAIL FERNANDINA BEACH, FL 32034 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DVP () Delete (X) Change () Addition SHERWOOD, MISTY C SHERWOOD, MISTY C Name: Name: 3910 S. ROOSEVELT BLVD. #208W Address: 11559 WESTON COURSE LOOP Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: RIVERVIEW, FL 33579 Title: () Delete Title: (X) Change () Addition CARTER, JOSEPH B Name: CARTER, JOSEPH B Name: Address: 96533 BLACKROCK ROAD Address: 96674 CHESTER ROAD City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097 Title: ED () Delete Title: () Change () Addition BELL, LETESHIA D Name: Name: Address: 4758 POST STREET Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: O'CONNER, ANGELIA M 96725 BUCCANEER TRAIL Address: Address: City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32034 US Title: () Delete Title: () Change (X) Addition O'CONNER, JAMES D Name: Name: 96725 BUCCANEER TRAIL Address: Address: City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32034 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: ANGELIA M. O'CONNER S 04/25/2009