2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # N07000000513 08 JUN 12 PM 12: 12 THE JOHN WESLEY FOSTER MEMORIAL FOUNDATION. INC. ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7107 MELISSA ELAINE DRIVE 7107 MELISSA ELAINE DRIVE PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 20-8321328 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOWNING, JEAN M Street Address (P.O. Box Number is Not Acceptable) 2211 THOMAS DRIVE SUITE 100 PANAMA CITY BEACH, FL 32408 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition FOSTER, MICHAEL Heather Foster NAME NAME 7107 melissa Elaine Dr STREET ADDRESS 7107 MELISSA ELAINE DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP Panama City Beach FC 32407 TITLE ☐ Delete ☐ Change Addition NAME Judy Fuster STREET ADDRESS 101 cordell ct NAME STREET ADDRESS Gadsden AL 3590/ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE Change Addition NAME NAME mike Foster STREET ADDRESS STREET ADDRESS 101 cordell C+ Gadsden Al 35901 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete D ☐ Change Addition NAME mike Harris NAME 203 Hummingbird Way STREET ADDRESS STREET ADDRESS Rainbow City Al 35901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ∠ Addition Cynthia Harris NAME NAME 203 Hummingbird way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Rainboweily AL 3590/ CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 4