

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000513

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE JOHN WESLEY FOSTER MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

7107 MELISSA ELAINE DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

7107 MELISSA ELAINE DRIVE  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

7107 MELISSA ELAINE DRIVE  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

7107 MELISSA ELAINE DRIVE  
PANAMA CITY BEACH, FL 32407

**FEI Number:** 20-8321328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOWNING, JEAN M  
2211 THOMAS DRIVE  
SUITE 100  
PANAMA CITY BEACH, FL 32408 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: FOSTER, MICHAEL  
Address: 7107 MELISSA ELAINE DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VT ( ) Delete  
Name: FOSTER, HEATHER  
Address: 7107 MELISSA ELAINE DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete  
Name: FOSTER, JUDY  
Address: 101 CORDELL CT  
City-St-Zip: GADSDEN, AL 35901

Title: D ( ) Delete  
Name: FOSTER, MIKE  
Address: 101 CORDELL CT  
City-St-Zip: GADSDEN, AL 35901

Title: D ( ) Delete  
Name: HARRIS, MIKE  
Address: 203 HUMMINGBIRD WAY  
City-St-Zip: RAINBOW CITY, AL 35901

Title: D ( ) Delete  
Name: HARRIS, CYNTHIA  
Address: 203 HUMMINGBIRD WAY  
City-St-Zip: RAINBOW CITY, AL 35901

**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:

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: MICHAEL FOSTER

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date