

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000513

FILED
Apr 29, 2010
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 32407

New Principal Place of Business:

Current Mailing Address:

7107 MELISSA ELAINE DRIVE
PANAMA CITY BEACH, FL 32407

New Mailing Address:

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
Name: FOSTER, MICHAEL
Address: 7107 MELISSA ELAINE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MIKE FOSTER

PRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date