2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001304

Entity Name: THE ALL WE DO FOUNDATION, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3375 CAPITAL CIRCLE N.E. **BUILDING A** TALLAHASSEE, FL 32308

New Mailing Address: Current Mailing Address:

3375 CAPITAL CIRCLE N.E. **BUILDING A** TALLAHASSEE, FL 32308

FEI Number: 20-8429211 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:

FONVIELLE, C. DAVID 3375 CAPITAL CIRCLE N.E. **BUILDING A** TALLAHASSEE, FL 32308 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

FONVIELLE, C. DAVID Name: Name: 3375 CAPITAL CIRCLE N.E. BUILDING A Address: Address:

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: () Delete Title:

(X) Change () Addition MESSER, JAMES E Name: MESSER, JAMES E Name: Address: 6960 STANDING PINES LANE Address: 3375-A CAPITAL CIRCLE NE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete Title: () Change () Addition

SOTO, CAULLEY F MD Name: Name: 2463 PAPILLION WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip:

Title: () Delete Title: (X) Change () Addition LEWIS, HALLEY B III Name: Name: LEWIS, HALLEY B III Address: 2150 THIRLESTANE ROAD Address: 3375-A CAPITAL CIRCLE NE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete Title: (X) Change () Addition

FOOTE, JOHN H FOOTE, JOHN H Name: Name:

1385 WHITE STAR LANE 3375-A CAPITAL CIRCLE NE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32308

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: C. DAVID FONVIELLE D 01/07/2009